

# Change of Beneficiary After Retirement

## Tennessee Consolidated Retirement System

502 Deaderick Street  
 Nashville, Tennessee 37243-0201  
 1-800-770-8277 ♦ <http://tcrs/tn.gov>



Please complete this form if you are currently drawing a pension and would like to change your beneficiary on file with the Tennessee Consolidated Retirement System (TCRS).

### SECTION 1. MEMBER INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email	Phone Number	

### SECTION 2. NAMING NEW BENEFICIARY

A retired employee may change his/her beneficiary under the following circumstances:

- Regular Maximum Plan:** An employee who retired under the Regular Maximum Plan may change his/her beneficiary at any time.
- Optional Plan:** An employee who retired under an Optional Plan (Option 1-4) may change his/her beneficiary upon the death of the beneficiary. Further, an employee may change his/her beneficiary in the event of divorce where the spouse is the designated beneficiary, provided that such cancellation does not conflict with the final divorce decree or marital dissolution agreement. An employee who desires to change his/her beneficiary due to divorce must furnish proper documentation to TCRS, which shall include the final decree and marital dissolution agreement. *(Please Note: The retiree's retirement benefit will not be recalculated as a result of the change nor will the new beneficiary be entitled to monthly benefits upon the retiree's death. The new beneficiary will **only** be entitled to any excess contributions remaining in the retiree's account at the time of death or the last check to be paid in the month of death.)*
- Under Either Plan:** A retired employee may designate only one person as his/her newly elected beneficiary. A "person" means any individual, firm, organization, partnership, association, corporation, estate or trust.

I request the Tennessee Consolidated Retirement System to pay any benefits due to me in the event of my death to the beneficiary designated below.

Full Name		
Mailing Address		
City	State	Zip Code
Beneficiary's Date of Birth	Beneficiary's SSN	
Relationship to TCRS Member	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Member's Signature	Date	