State of West Virginia
Consolidated Public Retirement Board
Internet Form (Signature in Blue Ink Only)
4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636
Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

PRE-RETIREMENT BENEFICIARY
TEACHERS' DEFINED BENEFIT RETIREMENT SYSTEM

SS# ________________________ EMPLOYER: ____________________________________

DATE OF BIRTH: ___________________ PHONE: _________________________________

I, ______________________________________, do hereby direct that in the event of my death before my annuity starting date, the Teachers Defined Benefit Retirement System be authorized and directed to pay the full amount of my accumulated contributions, plus any interest, to the person(s) designated below, as my named beneficiary(ies).

I further understand that if I am at least fifty (50) years old and have at least twenty-five (25) years of total service at the time of my death, my surviving spouse will become entitled to a monthly annuity only if my spouse is designated as my sole primary refund beneficiary (WV Code §18-7A-23(b)(1)).

I reserve the right to change my beneficiary at any time prior to my retirement, my death or my withdrawal from membership. It is understood before such change can become effective, it must be executed on the beneficiary form approved by the West Virginia Consolidated Public Retirement Board.

Full Name and Address of Beneficiary	SSN	Date of Birth	Relationship	Percentage
Primary ☐ Secondary ☐				%
Primary ☐ Secondary ☐				%
Primary ☐ Secondary ☐				%
Primary ☐ Secondary ☐				%

Note: You may elect to name multiple primary and/or secondary beneficiaries. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number; include all beneficiary information required above, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Once accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under TRS.

SIGNATURE OF MEMBER: ____________________________________ DATE: __________________

ADDRESS OF MEMBER: ____

SIGNATURE OF WITNESS: ____________________________________ DATE: __________________
(Witness must be someone other than named beneficiary or member)

ADDRESS OF WITNESS: ____