



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**Teachers'
Retirement System (TRS)**

**Pre-Retirement
Beneficiary Designation**

Section 1: Member Information

Member Name		SSN	CPRB ID	Date of Birth	
Telephone Number	Street Address		City	State	Zip Code

Section 2: Beneficiary Designation

I do hereby direct that in the event of my death before my annuity effective retirement date, the Teachers' Defined Benefit Retirement System (TRS) be authorized and directed to pay the full amount of my accumulated contributions, plus any amount equal to my members contributions, 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)). Said monthly annuity will be paid in lieu of my accumulated contributions, and an amount equal to my members contributions, as stated above.

I reserve the right to change my beneficiary at any time prior to my retirement, my death or my withdrawal from membership. **I understand that my beneficiary/ies selected below is only effective if officially recorded on a TRS beneficiary form approved by the CPRB and said form must be on record in the CPRB's office and completed in its entirety prior to my death. The original completed form must be mailed to the address above. Copied, faxed, or emailed forms are considered INVALID and will be rejected.**

Full Name of Beneficiary	Address	SSN (Required)	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%

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

Section 3: Authorization (Witness cannot be a named beneficiary)

Member Signature	Member Printed Name	Date
Witness Signature	Witness Printed Name	Date
Witness Mailing Address		

Please note, this form must be signed by the member and witness on the same date, or it will be rejected by CPRB.