RSA 100-C 01/09 Page 1 of 2

CHANGE OF BENEFICIARY FORM PRIOR TO RETIREMENT

Ch	eck One
	ERS
П	TRS

Retirement Systems of Alabama
P. O. Box 302150 ◆ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Instructions: Please print or type in black ink. Complete the Member Information, Beneficiary Change/Correction, and Member Authorization sections of this form. This form must be signed and notarized for changes to be activated.

Do <u>NOT</u> use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

MEMBER INFORMATION (Must be	completed in all cases)				
Name:	fliddle/Maiden Last	Social S	Security No.:		
Date of Birth: / /	Home Phone No.: ()		Membership S		Member e Member
BENEFICIARY CHANGE/CORRECT	ION				
To name multiple beneficiarie	es, use the back of this form.				
DESIGNATION OF PRIMARY BEI	NEFICIARY				
	Relationship:		Date of	i Birth:/	/
	Address: Street or P. O. Box	0''			
Social Security Number	Street or P. O. Box	City	State	Zip Code	
_	BENEFICIARY reive benefits only if all Primary Bene Relationship:			f Dirth:	1
			Date of	DII(II/	/
Social Security Number	Address:Street or P. O. Box	City	State	Zip Code	
	nformation is continued on the back (of this form.			
Signature of Member:		Date of Signature://			
NOTARY					
STATE OF	, County of				
On this day ofstatements made are true.	, 20, personally appeared before	re me, the above	named individua	I and made oath	that the
	Signature of Notary	Public			
	My Commission Exp	oires			

MULTIPLE BENEFICIARIES CHANGE/CORRECTION (Continued)

DESIGNATION OF PRIMARY	BENEFICIARY(IE	<u>:s)</u>				
Name:		Relationship:		Date of Bi	rth:/	/
	Address:					
Social Security Number	Address: _	Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth: /	/
Social Security Number	/\ddicss	Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth:/	/
	Address: _					
Social Security Number	/\ddi000	Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth:/	/
	Address: _					
Social Security Number	/\ddicss	Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth:/	/
	Addross:					
Social Security Number	Address	Street or P. O. Box	City	City State 2		
Contingent Beneficiaries wi Name:				Date of Birth: / /		
	Address: _					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth:/	/
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth:/	/
	Address:	•				
Social Security Number	Addie33	Street or P. O. Box	City	State	Zip Code	
Name:		Relationship:		Date of Bi	rth:/	/
	Address:					
Social Security Number		Street or P. O. Box	City	State	Zip Code	
Name:						
		Relationship:		Date of Bi	rtn:/	/
	Address:	-		Date of Bi	rtn:/	/