



Arkansas Teacher Retirement System

1400 West Third, Little Rock, AR 72201

(501) 682-2175 FAX (501) 682-1944

1-800-666-2877 (Outside Pulaski County)

Form #9
Effective 7-1-2006

LUMP SUM DEATH BENEFIT - BENEFICIARY DESIGNATION FORM

Arkansas Code Annotated 24-7-709 provides that upon the death of an active or retired member of the Arkansas Teacher Retirement System (ATRS), with 5 or more years of credited service, a Lump Sum Death Benefit payment in an amount set by the Board of Trustees shall be paid to such person(s) as the member has designated in writing and filed with ATRS. Effective for a member dying after June 30, 2006, if there is no designated person surviving, the lump sum shall be paid to the member's estate.

Member's Name Social Security Number

Address

City State Zip

Part 1 - Designation of Primary Beneficiary(ies)

I hereby designate the following as the primary beneficiary(ies) of the Lump Sum Death Benefit due from ATRS. In the even of my death, I authorize ATRS to make payment of the benefit to such beneficiary(ies) who are living at the time of my death. I understand that equal shares will be distributed among multiple surviving primary beneficiaries. At least one primary beneficiary must be listed.

Name of Primary Beneficiary(ies)	SSN	Date of Birth	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 - Designation of Contingent Beneficiary(ies) - OPTIONAL

A contingent beneficiary will receive all benefits upon the member's death only if all primary beneficiaries predecease the member. I hereby designate the following as contingent beneficiary(ies) of the Lump Sum Death Benefit. I understand that equal shares will be distributed among multiple surviving contingent beneficiaries.

Name of Contingent Beneficiary(ies)	SSN	Date of Birth	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This Beneficiary Designation shall become effective on the date received by ATRS and shall supersede and cancel all Lump Sum Death Beneficiary Designations filed previously with ATRS.

Member Signature _____ Date _____

To Be Completed By Notary Public

State of _____)

Count of _____)

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Signature _____ My Commission expires: _____

Notary Seal