



**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 #4  
Effective 7-1-2006

**DISPOSITION OF RESIDUE - BENEFICIARY DESIGNATION FORM**

Arkansas Code Annotated 24-7-709 provides that if a member of the Arkansas Teacher Retirement System (ATRS) dies prior to receiving annuity benefits equal to the amount of accumulated contributions (if any) standing in the member's credit at his/her death, the residual balance will 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 residue shall be paid to the member's estate. [Note that the residual balance is only paid to beneficiaries if a survivor or retirement option does not become payable at the member's death.]

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 any residual balance 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 an residual balance. 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 Residue 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