



Montana Teachers' Retirement System

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trs.mt.gov

TRS Office Use Only

FORM 147A: SPOUSE'S VOLUNTARY WAIVER OF BENEFICIARY INTEREST

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

This waiver form is not effective to waive the interest of a joint annuitant under Option A, B, C, D or E.

Member/Retiree Information

Full Name: First Middle Last Suffix

_____-_____-_____-_____-_____-_____-
Social Security Number

Spouse/Beneficiary Information

Full Name: First Middle Last Suffix

_____-_____-_____-_____-_____-_____-
Birth Date (mm/dd/yyyy)

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

_____-_____-_____-_____-_____-_____-
Social Security Number

()

Telephone Number

Certification and Spouse/Beneficiary's Signature – must be signed in the presence of a notary public

By my signature, I certify that As of the date of signing below, I am the spouse of the above-designated Member or Retiree ("Member") of the Montana Teachers' Retirement System ("TRS"). I understand that I am currently designated as a beneficiary of the Member and would receive all or some portion of any retirement benefit or refund of accumulated contributions ("benefits") payable by TRS upon the death of the Member/Retiree. I also understand that Montana law prohibits the Member/Retiree from removing me as a beneficiary while a petition for dissolution of our marriage (a divorce action) is pending in a Montana Court without either my written authorization or a court order.

By my signature below, I authorize the Member to remove me as his/her beneficiary. I understand that, if the Member removes me as his/her beneficiary, I will have no legal interest in the Member's TRS benefits unless and until, either, the Member again designates me as his/her beneficiary (or joint annuitant) or a family law order ("FLO") establishing my right to some portion of the Member's benefits as a distribution of marital property or spousal maintenance is submitted to and approved by TRS. I understand that TRS will pay benefits to the Member's then-designated beneficiary(ies) without respect to any rights I was or may have been granted under a FLO if the Member removes me as his/her beneficiary and dies before a FLO is approved by TRS. I understand it is my responsibility to ensure that a FLO has been entered by the Court and timely submitted to and approved by TRS if I am awarded the right to receive some portion of the Member's benefits as marital property or spousal maintenance.

I make this waiver of my beneficiary interest knowingly and voluntarily. I have been advised, hereby, to seek the advice of my attorney prior to signing this waiver, and have done so or have knowingly and intentionally decided not to do so. I understand and acknowledge that this voluntary waiver, once signed by me and submitted to TRS, may not be revoked by me for any reason, and may be relied upon by TRS in administering the Member's benefits.

Spouse/Beneficiary's Signature

Date

TO BE COMPLETED BY THE NOTARY PUBLIC:

This instrument was signed before me by _____ on the _____ day of _____, 20 _____.

Signature of Notary Public: _____

Typed/Printed Name of Notary: _____

Residing at: _____

My commission expires: _____