



# Montana Teachers' Retirement System

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TRS Office Use Only

## FORM 123A: Attachment to Beneficiary Designation for Active Members

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.

Complete this form *ONLY* if you have completed Form 123 and wish to designate more than four individual beneficiaries.

\_\_\_\_\_  
Member's Printed Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Member's Social Security Number

### Member must sign in the presence of a notary public

This Attachment is incorporated with, and made part of, **TRS Form 123 Beneficiary Designation for Active Members**, signed by me on this date.

\_\_\_\_\_  
Member'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: \_\_\_\_\_

Items marked with an asterisk \* are required.

*Type (Mark only one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		*Individual's full legal name _____	*SSN _____-_____-_____
*Relationship to you <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child (natural or adopted) <input type="checkbox"/> Other (specify) _____			
*Birth Date (mm/dd/yyyy): ____/____/____ *Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Telephone (____) _____			
Mailing Address: _____ Street or PO Box City, ST, Zip			
<i>If this beneficiary is a minor child (under age 21): You may use the space below to designate a <b>custodian</b> as described in the TRS Fact Sheet, "Beneficiary Designations for Active Members."</i>			
I designate _____ Full name of custodian		as Custodian for the minor child named above, in conformity with the Montana Uniform Transfers to Minors Act.	
Custodian's Mailing Address: Street or PO Box _____		City, ST, Zip _____	(____) _____ Custodian's telephone number



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## FORM 123A: Attachment to Beneficiary Designation for Active Members

Member's Printed Name \_\_\_\_\_

Member's Social Security Number \_\_\_\_\_

*Type (Mark only one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		*Individual's full legal name _____	*SSN _____
*Relationship to you <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child (natural or adopted) <input type="checkbox"/> Other (specify) _____			
*Birth Date (mm/dd/yyyy): ____/____/____ *Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Telephone (____)_____			
Mailing Address: _____ Street or PO Box _____ City, ST, Zip _____			
<i>If this beneficiary is a minor child (under age 21): You may use the space below to designate a <b>custodian</b> as described in the TRS Fact Sheet, "Beneficiary Designations for Active Members."</i>			
I designate _____		as Custodian for the minor child named above, in conformity with the Montana Uniform Transfers to Minors Act.	
<i>Full name of custodian</i>			
Custodian's Mailing Address: _____		City, ST, Zip _____	(____)_____ Custodian's telephone number
Street or PO Box			

*Type (Mark only one): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		*Individual's full legal name _____	*SSN _____
*Relationship to you <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child (natural or adopted) <input type="checkbox"/> Other (specify) _____			
*Birth Date (mm/dd/yyyy): ____/____/____ *Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Telephone (____)_____			
Mailing Address: _____ Street or PO Box _____ City, ST, Zip _____			
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*Birth Date (mm/dd/yyyy): ____/____/____ *Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Telephone (____)_____			
Mailing Address: _____ Street or PO Box _____ City, ST, Zip _____			
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