

This form may be used only as an attachment to  
**Form 108, Application for Retirement Allowance** or  
**Form 139, Application for Retirement Allowance – Terminated-Vested Member**  
to designate additional beneficiaries.

THIS PAGE INTENTIONALLY LEFT BLANK



# Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139  
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

## FORM 123B: BENEFICIARY DESIGNATION ATTACHMENT for election of NORMAL FORM or PERIOD CERTAIN AND LIFE (10- or 20-Year) RETIREMENT ALLOWANCE

Alternative accessible formats of this document will be provided upon request.

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

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

This Attachment is incorporated with, and made part of, TRS Form 108 *Application for Retirement Allowance* or TRS Form 139 *Application for Retirement Allowance – Terminated-Vested Member*, signed by me on this date.

### MEMBER'S SIGNATURE – must be signed in the presence of a notary public

Signature \_\_\_\_\_

Date \_\_\_\_\_

TO BE COMPLETED BY THE NOTARY PUBLIC:

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was signed or acknowledged before me on (date): \_\_\_\_\_

by: \_\_\_\_\_

*Notary: Print name of individual whose signature is being notarized.*

Notary Signature \_\_\_\_\_

- You may designate up to four additional beneficiaries on this Attachment.
- Follow instructions on the Application for Retirement Allowance if you intend to designate your Estate or Trust as your beneficiary.

Choose one:	Indicate beneficiary type and provide full name:		Required for Individual or Trust:		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> An Individual <input type="checkbox"/> My Estate <input type="checkbox"/> My Trust	Full Name		SSN or Tax ID #	Phone Number
If beneficiary is an Individual:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: (mm/dd/yyyy)	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address: Street or PO Box		City	State	Zip Code	
Complete this section if the beneficiary above is your Trust OR is a minor child (under age 21):	Pay to _____ as (mark one):		<input type="checkbox"/> Trustee of the Trust <b>or</b> <input type="checkbox"/> Custodian for the Minor Child		
	(Full Name)		Mailing Address: Street or PO Box		Phone Number
		City	State	Zip Code	

Additional space is provided on Page 2 ►



# Montana Teachers' Retirement System

TRS Office Use Only

## FORM 123B: BENEFICIARY DESIGNATION ATTACHMENT for election of NORMAL FORM or PERIOD CERTAIN AND LIFE (10- or 20-Year) RETIREMENT ALLOWANCE – Continued

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

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

Choose one:	Indicate beneficiary type and provide full name:		Required for Individual or Trust:		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> An Individual <input type="checkbox"/> My Estate <input type="checkbox"/> My Trust	Full Name		SSN or Tax ID #	Phone Number
If beneficiary is an Individual:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: (mm/dd/yyyy)	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address: Street or PO Box _____ City _____ State _____ Zip Code _____					
Complete this section if the beneficiary above is your Trust OR is a minor child (under age 21):	Pay to _____ as (mark one):		<input type="checkbox"/> Trustee of the Trust <u>or</u> <input type="checkbox"/> Custodian for the Minor Child		
	(Full Name)		Mailing Address: Street or PO Box _____ City _____ State _____ Zip Code _____		Phone Number _____

Choose one:	Indicate beneficiary type and provide full name:		Required for Individual or Trust:		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> An Individual <input type="checkbox"/> My Estate <input type="checkbox"/> My Trust	Full Name		SSN or Tax ID #	Phone Number
If beneficiary is an Individual:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: (mm/dd/yyyy)	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address: Street or PO Box _____ City _____ State _____ Zip Code _____					
Complete this section if the beneficiary above is your Trust OR is a minor child (under age 21):	Pay to _____ as (mark one):		<input type="checkbox"/> Trustee of the Trust <u>or</u> <input type="checkbox"/> Custodian for the Minor Child		
	(Full Name)		Mailing Address: Street or PO Box _____ City _____ State _____ Zip Code _____		Phone Number _____

Choose one:	Indicate beneficiary type and provide full name:		Required for Individual or Trust:		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> An Individual <input type="checkbox"/> My Estate <input type="checkbox"/> My Trust	Full Name		SSN or Tax ID #	Phone Number
If beneficiary is an Individual:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date: (mm/dd/yyyy)	Relationship to Member: <input type="checkbox"/> Legal Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify):		
Mailing Address: Street or PO Box _____ City _____ State _____ Zip Code _____					
Complete this section if the beneficiary above is your Trust OR is a minor child (under age 21):	Pay to _____ as (mark one):		<input type="checkbox"/> Trustee of the Trust <u>or</u> <input type="checkbox"/> Custodian for the Minor Child		
	(Full Name)		Mailing Address: Street or PO Box _____ City _____ State _____ Zip Code _____		Phone Number _____