



**TEACHERS' RETIREMENT BOARD**  
**165 Capitol Avenue**  
**Hartford CT 06106-1673**  
**1 (800) 504 – 1102**  
**Trb.benefits@ct.gov**

**CHANGE OF BENEFICIARY - RETIREMENT PLAN N (NORMAL ALLOWANCE)**

This form supersedes and replaces any previous beneficiary designations. All items pertaining to beneficiaries must be completed for the Connecticut Teachers' Retirement Board (CTRB) to process the form; incomplete forms will be returned.

**RETIRED MEMBER INFORMATION:**

MEMBER FIRST NAME		MEMBER LAST NAME		M.I.	SOCIAL SECURITY #
ADDRESS					
CITY		STATE	ZIP	EMAIL	
PHYSICAL ADDRESS (If above address is a P.O. Box)					CHECK IF: NEW ADDRESS <input type="checkbox"/> NAME CHANGE <input type="checkbox"/>
CITY		STATE	ZIP	PHONE	

I hereby revoke any previously recognized beneficiary designation and elect to name the following individual(s) as my designated beneficiary(ies). I understand that under the terms and conditions of Payment Plan N, if I expire before I have received four times the amount in my account (contributions and interest), my designated beneficiary (or estate) will receive a lump sum payment of the account balances reduced by either 25% or 50% of total benefit received. The reduction will be 25% if you have accumulated ten years of credited service in the public school system of CT prior to July 1, 2019, otherwise it will be 50%.

<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Designated Percentage: _____ %		
Full Name		Relationship to Member		Social Security #	Date of Birth
Address				Email	
City		State	Zip	Phone	
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Designated Percentage: _____ %		
Full Name		Relationship to Member		Social Security #	Date of Birth
Address				Email	
City		State	Zip	Phone	
<b>Beneficiary Designation</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	Designated Percentage: _____ %		
Full Name		Relationship to Member		Social Security #	Date of Birth
Address				Email	
City		State	Zip	Phone	
<b>Member Signature</b>				Signature Date	

**Please submit form to:**

165 Capitol Avenue  
Hartford, CT 06106

**You may also Fax to: (860) 525-6018**



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## **CHANGE OF BENEFICIARY - RETIREMENT PLAN N (NORMAL ALLOWANCE)**

This form is for the purpose of updating beneficiary election on a retirement account only. Active teachers must use the Active/Inactive Beneficiary Form. CTRB does not acknowledge the receipt of individual forms. Please retain a copy of this form for your records and forward it by fax or regular mail directly to CTRB at the address above.

**Important Filing Information:** This form supersedes and replaces any previous beneficiary designations. All items pertaining to beneficiaries must be completed for the Connecticut Teachers' Retirement Board (CTR) to process the form; incomplete forms will be returned.

- Include a complete list of all beneficiaries.
- Type or print clearly in ink and do not use white out.
- Do not submit an amended copy of a previous beneficiary form.
- You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- At least one primary beneficiary must be named. If more than one primary beneficiary is named, the share of any beneficiary who dies before you shall be divided equally among the surviving primary beneficiaries.
- A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- If you survive all of the beneficiaries named, payment would be issued to your estate.
- "Per Stirpes" designations (unnamed or unborn beneficiaries) are not accepted.
- All information must appear in the appropriate section of this form.
- To designate a trust as a beneficiary, enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections of this form blank; and indicate Primary or Contingent.
- To designate your estate as a beneficiary, enter the word "Estate" in the Beneficiary section of this form; leave the Relationship and Social Security sections of the form blank; and indicate Primary or Contingent.

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Hartford, CT 06106

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