Application for TRS Membership

Teachers Retirement System of Georgia

▼ To Be Completed by Employee – *please print clearly*

Your Information

Please print or type all personal information. Incomplete information will delay the processing of your membership.

Social Security Number

Last Name | First Name | Middle Initial

Date of Birth (mm/dd/yy) | Sex (M or F)

Marital Status (check one)
❑Single ❑Married ❑Widowed ❑Divorced

Street Address

City | State | Zipcode

Name of School System or State Agency Employing You | Title of Position | Date Employment Begins

Primary Beneficiary Designation*

Please designate the primary beneficiary(ies) to receive payment of your accumulated contributions and interest or a monthly benefit (if vested) should you die in active service.

Be sure to designate the percentage to be paid to your beneficiary(ies). The total percentage for primary beneficiaries should equal 100%.

If no percentage distribution is indicated, your benefits will be divided equally among the eligible beneficiaries. If you do not name a beneficiary, any available benefits will be paid to your surviving spouse. If you do not have a surviving spouse, benefits will be paid to your estate.

1. Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me
   Address | City | State | Zipcode
   Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

2. Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me
   Address | City | State | Zipcode
   Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

3. Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me
   Address | City | State | Zipcode
   Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

4. Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me
   Address | City | State | Zipcode
   Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

Your Signature

In order that I may be properly enrolled in the Teachers Retirement System of Georgia (TRS), I have carefully and truthfully filled out this form. I understand that if I leave service without a retirement benefit, I (or my beneficiary(ies), should I die in active service) may request that the full amount of my TRS deductions from my compensation, with accumulated interest, be refunded to me.

Signature | Date

▼ To Be Completed by Employer

Employer Signature (reviewed and signed by Employer) | Reporting Employer Number | Months in Employee's Contract (check one) 8 9 10 11 12

TRS-2A

Two Northside 75 ● Suite 100 ● Atlanta, GA 30318 ● (404) 352-6500 ● (800) 352-0650 ● fax (404) 352-4885 ● www.trsga.com

TRS-2A (0605)

Application for TRS Membership

Teachers Retirement System of Georgia

▼ To Be Completed by Employee – *continued*

Secondary Beneficiary Designation*

Please designate the secondary beneficiary(ies) to receive payment of your accumulated contributions and interest should you die in active service. A secondary beneficiary(ies) receives payment of your accumulated contributions and interest or a monthly benefit (if vested) in the event your primary beneficiary(ies) predeceases you.

Be sure to designate the percentage to be paid to your beneficiary(ies). The total percentage for secondary beneficiaries should equal 100%.

If no percentage distribution is indicated, your benefits will be divided equally among the eligible beneficiaries. If you do not name a beneficiary, any available benefits will be paid to your surviving spouse. If you do not have a surviving spouse, benefits will be paid to your estate.

1. _____ _____ _____ _____
Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me

_____ _____ _____ _____
Address | City | State | Zipcode

Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

2. _____ _____ _____ _____
Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me

_____ _____ _____ _____
Address | City | State | Zipcode

Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

3. _____ _____ _____ _____
Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me

_____ _____ _____ _____
Address | City | State | Zipcode

Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

4. _____ _____ _____ _____
Name of Beneficiary | Date of Birth | Sex (M or F) | Relationship to Me

_____ _____ _____ _____
Address | City | State | Zipcode

Soc. Sec. No. _____ Percentage of available benefits to be paid _____ %

Prior Teaching Experience or State of GA Employment

From (MM/YY)	To (MM/YY)	Name of Educational Institution or State Agency Employing You
____/____	____/____	
____/____	____/____	
____/____	____/____	
____/____	____/____	
____/____	____/____	

*** If you wish to name more than 4 primary or secondary beneficiaries, please attach a separate sheet of 8.5" x 11" paper listing the additional beneficiaries (i.e. #5, #6, etc.) along with the same information requested in the beneficiary section of this form. You must sign and date all additional pages.**

For more information about your TRS membership benefits, please visit our website at www.trsga.com. The TRS Member's Guide is available under the Publications section of the website or you can request a copy by calling (404) 352-6500 or (800) 352-0650.

Two Northside 75 ● Suite 100 ● Atlanta, GA 30318 ● (404) 352-6500 ● (800) 352-0650 ● fax (404) 352-4885 ● www.trsga.com TRS-2A (0605)