



Arkansas Teacher Retirement System

1400 West Third, Little Rock, AR 72201

(501) 682-2175 FAX (501) 682-1944

1-800-666-2877 (Outside Pulaski County)

Form #4
Effective 7-1-2006

DISPOSITION OF RESIDUE - BENEFICIARY DESIGNATION FORM

Arkansas Code Annotated §24-7-709 provides that if a member of the Arkansas Teacher Retirement System (ATRS) dies prior to receiving annuity benefits equal to the amount of accumulated contributions (if any) standing in the member's credit at his/her death, the residual balance will be paid to such person(s) as the member has designated in writing and filed with ATRS. Effective for a member dying after June 30, 2006, if there is no designated person surviving, the residue shall be paid to the member's estate. [Note that the residual balance is only paid to beneficiaries if a survivor or retirement option annuity does not become payable at the member's death.]

Member's Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

PART 1 - Designation of Primary Beneficiary(ies)

I hereby designate the following as the primary beneficiary(ies) of any residual balance due from ATRS. In the event of my death, I authorize ATRS to make payment of the benefit to such beneficiary(ies) who are living at the time of my death. I understand that equal shares will be distributed among multiple surviving primary beneficiaries. At least one primary beneficiary must be listed.

Name of Primary Beneficiary(ies)	SSN	Date of Birth	Relationship	Address

PART 2 - Designation of Contingent Beneficiary(ies) - OPTIONAL

A contingent beneficiary will receive all benefits upon the member's death only if all primary beneficiaries predecease the member. I hereby designate the following as contingent beneficiary(ies) of any residual balance. I understand that equal shares will be distributed among multiple surviving contingent beneficiaries.

Name of Contingent Beneficiary(ies)	SSN	Date of Birth	Relationship	Address

This Beneficiary Designation shall become effective on the date received by ATRS and shall supersede and cancel all Residue Death Beneficiary Designations filed previously with ATRS.

Member Signature _____ Date _____

To Be Completed By Notary Public

State of _____)

(Notary Seal)

County of _____)

Subscribed and Sworn before me on this _____ day of _____, 20 ____.

Notary Signature _____ My commission expires: _____