



MEMBERSHIP FORM

TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, TN 37243-0201
(615) 741-4868

Type or print legibly in BLACK ink. The payroll/personnel officer must complete the shaded areas. Not to be used as a Change of Beneficiary Form.

New Member Transfer from Another TCRS Agency

Member Information

Social Security Number		Birth Date	
Last Name		First Name	Sex
Address			
City		State	Zip
Home Telephone		Work Telephone	
Membership Date	Department Code		Retirement Type
Employment (check one)	Full Time	Part Time	Employment Date
Status	Regular	Seasonal	Temporary
			Interim
			Emergency
			_____ hours per day _____ days per week
If teacher, total months worked per year		10	12
		Title of Position	
Date first deduction will be made		Payroll Officer	Telephone #

Previous Employment—Fill out this section if you have ever been a member of any state or local retirement system.

Name of retirement system(s) other than TCRS:
Name(s) under which you were listed:
Have you ever been refunded your contributions with the TCRS?
Have you ever received benefits from TCRS?

Beneficiary Designation

Last Name	First Name	Relationship	Sex	Birth Date	Social Security No.

Name of Institution or Estate	Taxpayer I.D.	Address

Signature of Member	Date

The laws governing TCRS provide that you may designate more than one person as your beneficiary. For TCRS purposes, the term "person" means any individual, firm, organization, partnership, association, corporation, estate, or trust. **ESTATES, MULTIPLE BENEFICIARIES, AND INSTITUTIONS ARE ELIGIBLE FOR LUMP-SUM DISTRIBUTIONS ONLY. IF YOU LIST TWO OR MORE PERSONS, YOU HAVE NAMED MULTIPLE BENEFICIARIES AND THEY MAY SHARE EQUALLY IN ANY LUMP-SUM PAYMENT. IF YOU HAVE NEVER MADE CONTRIBUTIONS TO TCRS, NO LUMP-SUM PAYMENT WILL BE MADE AND YOUR SPOUSE MAY BE THE ONLY PERSON ELIGIBLE FOR ANY TYPE DEATH BENEFIT.** Certain types of death benefits are payable only to a surviving spouse, provided such spouse is the only person named as beneficiary. If you name your spouse as beneficiary, he or she may be entitled to monthly benefits should you die in service. **(Secondary or contingent beneficiaries are not permitted.)** Contact the TCRS office if you have any questions. If available, I elect Option 1 for my beneficiary in the event of my death. I, the member, revoke any previous beneficiary nominations and direct that the above designation supersede any previously filed; provided, however, in the event I named my spouse and another person or persons as beneficiary herein and no death benefit is payable as a result thereof, I direct TCRS to revoke such designation and substitute my spouse instead as sole beneficiary.

STATE OF _____, COUNTY OF _____
 _____ personally appeared before me on this the _____ day _____, 20____,
 who makes oath that (he) (she) executed the foregoing instrument.

My Commission Expires: _____

Notary Signature and Seal

After completing form, make two copies. Original—TCRS; Copy—Agency; Copy—Employee