



Retirement Option Selection

YOUR INFORMATION

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
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I hereby certify that I do * I do not have a spouse at this time.*

If you have more than one account, please designate which account this retirement applies to:

All Counties and Districts Specific County/District:

MONTHLY BENEFIT PAYMENT OPTIONS Please check only one option on this page.

All of the TCDRS benefit payment options provide you with a monthly payment for the rest of your life.

SINGLE LIFE AND GUARANTEED TERM BENEFIT PAYMENT OPTIONS

These options provide a lifetime income for you only and are solely based on your life expectancy. You may change your beneficiary at any time. Please complete the spousal consent section on page 2 if you are married.

- Single Life** This option provides the highest payment amount and all payments end after you pass away.
- 10-Year Guaranteed Term** Your beneficiary will get your monthly payment only if you pass away within 10 years of your retirement date.
- 15-Year Guaranteed Term** Your beneficiary will get your monthly payment only if you pass away within 15 years of your retirement date.

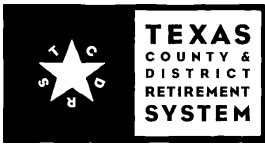
DUAL LIFE BENEFIT PAYMENT OPTIONS

These options provide a lifetime income for both you and your beneficiary. Your primary beneficiary will continue to receive a percentage of your benefit for the rest of his or her life after you pass away. You cannot change your beneficiary.

- 50% to Beneficiary** Your beneficiary will receive **50%** of your monthly payment after you pass away.
- 75% to Beneficiary** Your beneficiary will receive **75%** of your monthly payment after you pass away.
- 100% to Beneficiary** Your beneficiary will receive **100%** of your monthly payment after you pass away.
- 100% to Beneficiary with Pop-up** Your beneficiary will receive **100%** of your monthly payment after you pass away. If your beneficiary dies before you, your monthly payment will pop up to the higher Single Life benefit amount.

* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.



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PRIMARY BENEFICIARY Unless otherwise specified, benefits will be divided equally among all persons listed as primary beneficiary. If you have selected a **Dual Life Option**, you can designate only one primary beneficiary.

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *	

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *	

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *	

ALTERNATE BENEFICIARY An alternate beneficiary receives your benefit if your primary beneficiary is not eligible.

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *	

SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
DATE OF BIRTH *	GENDER * <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU *	

To add additional beneficiaries or to designate a custodian for a minor, attach form TCDRS-95 (www.tcdrs.org).

SPOUSAL CONSENT If you are married, your spouse's consent must be obtained if your spouse is not your only primary beneficiary or if you name your spouse as beneficiary and have selected a Single Life or Guaranteed Term option.

I certify that I am the spouse of the member. I understand that I have the right to be named as the sole beneficiary under a benefit option that would pay me a benefit for my lifetime. Nonetheless, I hereby give up my right to a lifetime benefit and give my consent to the beneficiary designation and/or option selection shown on this form.	
SPOUSE SIGNATURE X	DATE

YOUR CERTIFICATION

I hereby select the form of retirement option shown by a check mark on page one of this form. I also revoke all previous beneficiary designations and request that any payments that may be due after my death be paid to the person(s) named above. Unless I have otherwise noted on this form, any amounts due upon my death will be paid equally to the surviving beneficiaries if more than one are named.	
YOUR SIGNATURE X	DATE

* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.