

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 503 – MEMBER INFORMATION UPDATE FORM**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.
• **USE THIS FORM TO UPDATE YOUR INFORMATION** •

DEPARTMENT NAME			
1. MEMBER INFORMATION:			
NAME (Last, First, MI)			
MAILING ADDRESS		DATE OF BIRTH	
CITY STATE ZIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PHONE NO		MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
EMAIL ADDRESS			
2. NAME CHANGE: (Complete this section only if you are changing your name.)			
Change my name from:			
Change my name to:			
3. PRIMARY BENEFICIARIES:			
<i>NOTE: If you are married and designating any beneficiary other than your spouse, you and your spouse must complete Item 6 below.</i>			
NAME (Last, First, MI)	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)	DATE OF BIRTH
4. SECONDARY BENEFICIARIES: (Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)			
NAME (Last, First, MI)	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)	DATE OF BIRTH
5. MEMBER'S SIGNATURE:			
BY MY SIGNATURE, I certify that the above is true and correct. I acknowledge that the above beneficiary designations revoke all previous beneficiary designations and any lump sum death benefits due be paid to the person(s) named above at the percentages I have assigned.			
X			DATE OF SIGNATURE
6. MEMBER CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:			
ONLY COMPLETE THIS SECTION IF YOU ARE MARRIED AND DESIGNATING ANY BENEFICIARY OTHER THAN YOUR SPOUSE			
MEMBER: By my signature, I certify that I am married to the individual named below:			
NAME:		DATE OF BIRTH:	
X MEMBER:			DATE OF SIGNATURE
SPOUSE: By my signature, I certify that I am married to the member named above. I give my consent to the beneficiary designations made by my spouse as delineated above.			
X SPOUSE:			DATE OF SIGNATURE
7. ACKNOWLEDGEMENT – LOCAL BOARD OFFICER OR ADMINISTRATIVE HEAD OF THE DEPARTMENT			
By my signature, I certify that the member named above is personally known to me to be the person whose name is subscribed within this instrument and that the member named above indicated to me that this instrument was executed for the purposes herein expressed.			
SIGNATURE	PRINTED NAME	TITLE	DATE OF SIGNATURE
X			