

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)		SOCIAL SECURITY NO		
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 7 below.</i>				
<input type="checkbox"/> I authorize TESRS to change my beneficiary designations to the following individuals:				
NAME (Last, First, MI)		SOCIAL SECURITY NO	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)		SOCIAL SECURITY NO	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:		SOCIAL SECURITY NO
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				

**Texas Emergency Services Retirement System
Form 503 Member Information Update Instructions**

*This form is used by active members, already in the system, whenever they have one or more of the following life changes:
Name or Address, Marital Status, Beneficiaries.*

Department Name:
Fill in your department

Primary Beneficiaries: This is who gets your lump sum death benefits if you die. **You must at least list a primary beneficiary.** The lump sum percentage may not exceed 100%

If you have married, you must list your spouse at 100%, if you do not they must give consent on line 7.

If you are newly single and adding new beneficiaries, remember the lump sum percentage must equal 100%

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5. Member must sign and date form

7. Form must be signed and dated by the Local Board Chairman, Vice Chairman or Secretary. And returned to TESRS

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DEPARTMENT NAME <u>Mayberry VFD</u>					
1. MEMBER INFORMATION:					
NAME (Last, First, MI) <u>Public, Jonathan Q</u>			SOCIAL SECURITY NO <u>495-16-7598</u>		
MAILING ADDRESS <u>56 S Hanover Street</u>			DATE OF BIRTH <u>12-6-1964</u>		
CITY STATE ZIP <u>Mayberry, TX 77478</u>			SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
PHONE NO <u>940-567-4635</u>			MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		
EMAIL ADDRESS <u>JQPpublic@yahoo.com</u>					
2. NAME CHANGE: (Complete this section only if you are changing your name.)					
Change my name from:					
Change my name to:					
3. PRIMARY BENEFICIARIES:					
NOTE: If you are married and designating any beneficiary other than your spouse, you and your spouse must complete Item 7 below.					
<input checked="" type="checkbox"/> I authorize TESRS to change my beneficiary designations to the following individuals:					
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)	DATE OF BIRTH	
<u>Public, Nancy, O</u>	<u>767-621377</u>	<u>Spouse</u>	<u>100%</u>	<u>8-10-1967</u>	
4. SECONDARY BENEFICIARIES: (Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)					
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)	DATE OF BIRTH	
<u>Public, John Sr.</u>	<u>648-38-4584</u>	<u>Father</u>	<u>50%</u>	<u>11-30-1943</u>	
<u>Public, Mary</u>	<u>648-18-2652</u>	<u>Mother</u>	<u>50%</u>	<u>6-10-1943</u>	
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 to be paid to the person(s) named above at the percentages I have assigned.					
<input checked="" type="checkbox"/> <u>JQPpublic</u>					DATE OF SIGNATURE <u>8-10-2016</u>
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:	SOCIAL SECURITY NO			
MEMBER: <input checked="" type="checkbox"/>					
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.					
SPOUSE:		DATE OF SIGNATURE			
<input checked="" type="checkbox"/> SPOUSE:					
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.					
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		
<input checked="" type="checkbox"/> <u>Robert Paulson</u>	<u>Robert Paulson</u>	<u>Board Chair</u>	<u>8-10-2016</u>		

Member Information:
Fill in any changes in marital status, mailing and/or email address

Name Changes only: fill out line 2

Secondary Beneficiaries:
This is who gets your lump sum death benefits if all primary beneficiaries are deceased.
There is no limit to beneficiaries; however the lump sum must percentage must equal 100%

Spousal Consent:
Only fill out if you are married and your spouse is not listed as your primary beneficiary at 100%, they must sign line 7.