

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM

**FORM 503 – MEMBER INFORMATION UPDATE FORM**

<b>DEPARTMENT NAME</b>			
<b>1. MEMBER ADDRESS CHANGE:</b>			
NAME (Last, First, MI)			
MAILING ADDRESS		DATE OF BIRTH:	
CITY STATE ZIP			
PHONE NO		MARITAL STATUS:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
EMAIL ADDRESS			
<b>2. NAME CHANGE:</b> Complete this section only if you are changing your name.			
CHANGE MY NAME FROM:			
CHANGE MY NAME TO:			
<b>3. PRIMARY BENEFICIARIES:</b> If you are married and designating any beneficiary other than your spouse, your spouse must complete Item 6, Spousal Consent, below.			
NAME (Last, First, MI)	RELATIONSHIP	LUMP SUM DEATH % (MUST TOTAL 100%)	DATE OF BIRTH
<b>4. SECONDARY BENEFICIARIES:</b> Benefits will only be paid to secondary beneficiaries if all primary beneficiaries are deceased.			
NAME (Last, First, MI)	RELATIONSHIP	LUMP SUM DEATH % (MUST TOTAL 100%)	DATE OF BIRTH
<b>5. MEMBER'S SIGNATURE:</b>			
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.			
MEMBER SIGNATURE		DATE OF SIGNATURE	
X			
<b>6. MEMBER CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:</b>			
<b>SPOUSE:</b> 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'S SIGNATURE	PRINT NAME	DATE OF SIGNATURE	
X			

**FAX THE COMPLETED, SIGNED FORM TO TESRS AT 512-936-3480**