

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
**FORM 502 – PERSONNEL RECORD**

MAIL THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE OR FAX TO 512-936-3480.  
**THE DEPARTMENT RETAINS THE CERTIFICATE OF PHYSICAL FITNESS FOR THE FOLLOWING TESRS MEMBER:**

|  |              |  |  |
|--|--------------|--|--|
| <b>DEPARTMENT NAME</b>   |              |  |  |
| <b>1. MEMBER INFORMATION:</b>  |              |  |  |
| 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  |              |  |  |
| <b>2. SERVICE INFORMATION:</b>   |              |  |  |
| MEMBER ENTRY DATE INTO THE DEPARTMENT:   |              |  |  |
| MEMBER ENTRY DATE INTO THE PENSION SYSTEM:   |              |  |  |
| DATE OF CERTIFICATION OF PHYSICAL FITNESS:   |              |  |  |
| <b>3. PRIOR SERVICE INFORMATION:</b>   |              |  |  |
| ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN TESRS?  |              | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, DEPT NAME:   |
| <b>4. PRIMARY BENEFICIARIES: (If married and designating any beneficiary other than spouse, complete Spousal Consent below.)</b>   |              |  |  |
| NAME (Last, First, MI)   | RELATIONSHIP | LUMP SUM DEATH %<br>(TOTAL MUST EQUAL 100%)              | DATE OF BIRTH  |
|  |              |  |  |
|  |              |  |  |
|  |              |  |  |
|  |              |  |  |
| <b>5. SECONDARY BENEFICIARIES: (Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)</b>  |              |  |  |
| NAME (Last, First, MI)   | RELATIONSHIP | LUMP SUM DEATH %<br>(TOTAL MUST EQUAL 100%)              | DATE OF BIRTH  |
|  |              |  |  |
|  |              |  |  |
|  |              |  |  |
|  |              |  |  |
| <b>6. MEMBER'S SIGNATURE:</b>  |              |  |  |
| <b>BY MY SIGNATURE, I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.</b>  |              |  |  |
| I acknowledge that the above beneficiary designations revoke all previous TESRS beneficiary designations, if any, 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  |
| <b>7. SPOUSE'S 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.  |              |  |  |
| SIGNATURE  |              | PRINTED NAME   | DATE OF SIGNATURE  |
| X  |              |  |  |
| <b>8. CERTIFICATION BY PARTICIPATING DEPARTMENT HEAD</b>   |              |  |  |
| SIGNATURE  |              | PRINTED NAME   | DATE OF SIGNATURE  |
| X  |              |  |  |