

FORM 503 – MEMBER INFORMATION UPDATE FORM

DEPARTMENT NAME			
1. MEMBER ADDRESS CHANGE:			
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			
2. NAME CHANGE: Complete this section only if you are changing your name.			
CHANGE MY NAME FROM:			
CHANGE MY NAME TO:			
3. PRIMARY BENEFICIARIES: 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
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 TOTAL 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.			
MEMBER SIGNATURE		DATE OF SIGNATURE	
X			
6. MEMBER CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:			
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'S SIGNATURE	PRINT NAME	DATE OF SIGNATURE	
X			

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