



Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com



TRS Pre-Retirement
Beneficiary
Designation (WV
CODE § 7-14D-20)

Section 1: Member Information

Member Name		SSN	CPRB ID	Date of Birth	
Telephone Number	Street Address		City	State	Zip Code

I, _____, do hereby direct that in the event of my death before my annuity effective retirement date, the Teachers' Defined Benefit Retirement System be authorized and directed to pay the full amount of my accumulated contributions, plus any amount equal to my members contributions, to the person(s) designated below, as my named beneficiary(ies).

I further understand that if I am at least fifty (50) years old and have at least twenty-five (25) years of total service at the time of my death, my surviving spouse will become entitled to a monthly annuity only if my spouse is designated as my sole primary refund beneficiary (WV Code §18-7A-23(b)(1)). Said monthly annuity will be paid in lieu of my accumulated contributions, and an amount equal to my members contributions, as stated above.

I reserve the right to change my beneficiary at any time prior to my retirement, my death or my withdrawal from membership. *I understand that my beneficiary/ies selected below is only effective if officially recorded on a TRS beneficiary form approved by the Consolidated Public Retirement Board (CPRB) and said form must be on record in the CPRB's office and completed in its entirety prior to my death.*

Full Name of Beneficiary	Address	SSN (Required)	Date of Birth	Relationship	Percentage
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%
Primary <input type="checkbox"/> Secondary <input type="checkbox"/>					%

Note: You may elect to name multiple primary and/or secondary beneficiaries. If you wish to do so and need more space than is provided, attach to this form a sheet of paper with your name and social security number; include all beneficiary information required above, whether the beneficiary is to be Primary or Secondary, plus the percent of the distribution each is to receive.

Once received and accepted by CPRB, this form supersedes any and all prior Beneficiary Designations for you under TRS.

SIGNATURE OF MEMBER: _____ DATE: _____

SIGNATURE OF WITNESS: _____ DATE: _____

(Witness must be someone other than named beneficiary or member)

ADDRESS OF WITNESS: _____

TEACHERS' RETIREMENT SYSTEM (TRS)
ENROLLMENT FORM

Please Print Legibly

1. Name _____ 2. SSN _____
 First Middle Last
3. Mailing Address _____
 Street / P.O. Box / Route City / Town State Zip Code
4. Sex ☐ M ☐ F 5. Date of Birth ____/____/____ 6. Home Telephone _____
7. Work Telephone _____ 8. Email Address _____
9. Name of Spouse _____ 10. Spouse Date of Birth ____/____/____
11. Name of Your Employer _____ 12. Your Employer No. _____
13. Employer Mailing Address _____
 Street / P.O. Box / Route City / Town State Zip Code
14. Date of Hire with Current Employer _____ 15. Job Title _____
16. Have you previously worked for a Board of Education in the State of West Virginia or the West Virginia State Department of Education? ☐ Yes ☐ No
17. Have you previously contributed to the Teachers' Retirement System (TRS) Defined Benefit Plan? ☐ Yes ☐ No
18. Have you previously contributed to the Teachers' Defined Contribution Retirement System (TDC)? ☐ Yes ☐ No
19. Are you a member of or have you retired from the Public Employees Retirement System, Teachers' Retirement System, State Police Plan B or a Higher Education Retirement Plan? ☐ Yes ☐ No

List Previous Employment with Employers who participate in the Teachers' Retirement System	Date Employment Began	Date Employment Ended
1.		
2.		
3.		
4.		

Employee Signature _____ Date _____

For Board of Education use Only:	Payroll Clerk's Name _____
<input type="checkbox"/> TRS – Plan 1 (6.0 % EE & 15.0 % ER) Tier I (First became a member of TRS prior to July 1, 2015)	
<input type="checkbox"/> TRS – Plan 3 (6.0 % EE & 7.5 % ER) Tier I (First became a member of TRS prior to July 1, 2015)	
<input type="checkbox"/> TRS – Plan 3 (6.0 % EE & 7.5 % ER) Tier II (Hired for <u>First</u> time and <u>First</u> became a TRS member on or after July 1, 2015)	

For CPRB use only:	<input type="checkbox"/> TE83 <input type="checkbox"/> TDC <input type="checkbox"/> AppX
Records found? _____	CPRB Staff name _____