



Form #9  
 Revised 6/2007  
 Effective 7/01/2007  
 1400 West Third, Little Rock, AR 72201  
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**LUMP SUM DEATH BENEFIT - BENEFICIARY DESIGNATION FORM**

Arkansas Code Annotated § 24-7-720 provides that upon the death of an active or retired member of the Arkansas Teacher Retirement System (ATRS), with 10 or more years of credited service, a Lump Sum Death Benefit payment in an amount set by the Board of Trustees shall be paid to such person(s) as the member has designated in writing and filed with ATRS. Effective for a member dying after June 30, 2006, if there is no designated person surviving, the lump sum shall be paid to the member's estate.

Member's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART 1 - Designation of Primary Beneficiary(ies)**

I hereby designate the following as the primary beneficiary(ies) of the Lump Sum Death Benefit due from ATRS. In the event of my death, I authorize ATRS to make payment of the benefit to such beneficiary(ies) who are living at the time of my death. I understand that equal shares will be distributed among multiple surviving primary beneficiaries. At least one primary beneficiary must be listed.				
Name of Primary Beneficiary(ies)	SSN	Date of Birth	Relationship	Address

**PART 2 - Designation of Contingent Beneficiary(ies) - OPTIONAL**

A contingent beneficiary will receive all benefits upon the member's death only if all primary beneficiaries predecease the member. I hereby designate the following as contingent beneficiary(ies) of the Lump Sum Death Benefit. I understand that equal shares will be distributed among multiple surviving contingent beneficiaries.				
Name of Contingent Beneficiary(ies)	SSN	Date of Birth	Relationship	Address

**This Beneficiary Designation shall become effective on the date received by ATRS and shall supersede and cancel all Lump Sum Death Beneficiary Designations filed previously with ATRS.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Notary Public**

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

(Notary Seal)

Subscribed and Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_