Designation of Beneficiary

First Name_____ MI___ Last_____ Employer Hurst-Euless-Bedford ISD

Street Address_____ City_____ State_____ Zip_____

Social Security #_____ Home Phone_____ Work Phone_____ Cell Phone_____

Email Address _____ (Check One: Married/Separated _____ Not Married _____)

This form shall apply to the following accounts held with TCG Administrators:

401(k) 403(b) 457(b) TERRP FICA Alternative FICA Pension Money Purchase Pension ORP

Beneficiary 1: percentage =_____% Primary Contingent

Name: Social Security #:

Address: City: State: Zip:

Date of Birth: Phone #: Relationship:

Beneficiary 2: percentage =_____% Primary Contingent

Name: Social Security #:

Address: City: State: Zip:

Date of Birth: Phone #: Relationship:

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