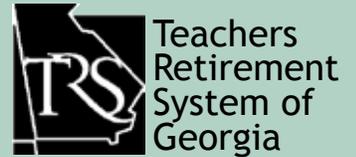


Contact Authorization



▼ **To Be Completed by Retiree/Beneficiary** -- *please print clearly*

Your Information

Please print or type your personal information.

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Social Security Number

Last Name

First Name

Middle Initial

(_____) _____
Phone Number

Street Address (home address)

City

State

Zip Code

Contact Person's Information

In an effort to protect the distribution of your retirement benefit, TRS requests that you provide us with a contact person (someone whom you trust to handle your affairs) other than your beneficiary(ies).

I understand that there are no retirement funds available to be paid to a beneficiary at my death. In accordance, I authorize the Teachers Retirement System of Georgia (TRS) to contact the person designated on this form to settle and complete my account. I understand this person will need to supply TRS with a copy of my death certificate and return any retirement benefits, which may be issued after my death.

At my death, please contact:

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number

Name

Relationship to Me

(_____) _____
Phone Number

Address

City

State

Zip Code

Your Signature

Please sign and date verifying the information provided above is accurate.

Signature

Date

* CONTACTAUTH *

Once complete, please return this form to TRS at the address listed below.