



**Additional Beneficiary Designation:**

| Designation                         |  | Full name of person(s) or estate (trusts below) |               | Address |       |     |
|-------------------------------------|--|---|---------------|---------|-------|-----|
| Primary<br><input type="checkbox"/> | Contingent<br><input type="checkbox"/> |   |               | Street  |       |     |
| Relationship                        |  | Social Security No.                             | Date of Birth | City    | State | Zip |
| Primary<br><input type="checkbox"/> | Contingent<br><input type="checkbox"/> |   |               | Street  |       |     |
| Relationship                        |  | Social Security No.                             | Date of Birth | City    | State | Zip |

**Second Witness Signature, if applicable – MUST be completed by a person, other than a beneficiary, who witnesses the member's signature.**

I, \_\_\_\_\_, am witness that the above named member completed and signed this document.  
(PRINT WITNESS NAME – CANNOT BE BENEFICIARY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
Zip Code

This form requests that you provide your Social Security number. Internal Revenue Code Section 6041 (A), and 6109 authorize the Tacoma Employees' Retirement System (TERS) to solicit your Social Security number.

- Disclosure of your Social Security number to TERS is mandatory.
- TERS will use your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- TERS will not disclose your Social Security number to any party unless required by law