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Designation of Beneficiary

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check at least one:

Active Member (Do not check this box if you are retired or have entered DROP) Single Married Divorced Widowed

Retired Member - Retirement Benefit

Retired Member - DROP/IBO Account

SECTION 2: GENERAL INFORMATION

This designation supersedes all prior designations. You must include **ALL** beneficiaries that you wish to designate. If percentages are not provided, any amounts payable will be divided equally among all beneficiaries. Primary and contingent beneficiaries must separately total 100%. The number of primary or contingent beneficiaries that you may name is not limited (attach an additional sheet if necessary). "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. If you are not the member, you must submit a Certified copy of a "Power of Attorney" or other legal documents with this form. **A COPY OF THE SOCIAL SECURITY CARD AND BIRTH CERTIFICATE FOR EACH BENEFICIARY IS REQUIRED.**

SECTION 3: DESIGNATION OF BENEFICIARY

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name (required)	Relation, Trust, Estate	Birth Date	Percentage	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

Social Security Number

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (optional)	Relation, Trust, Estate	Birth Date	Percentage	<input type="checkbox"/> Male	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/>

Contingent Beneficiary's Name (optional)	Relation, Trust, Estate	Birth Date	Percentage	<input type="checkbox"/> Male	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/>

Contingent Beneficiary's Name (optional)	Relation, Trust, Estate	Birth Date	Percentage	<input type="checkbox"/> Male	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/>

SECTION 4: MEMBER SIGNATURE

I hereby request that my beneficiary(ies) be designated as above. I understand that the beneficiary(ies) designated on this form will receive my contributions to the retirement system, unless I have qualifying survivors (spouse, children) entitled to a monthly survivor's benefit.

Member's Signature	Date
<input type="text"/>	<input type="text"/>