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Louisiana State Employees' Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000

www.lasersonline.org DO NOT FAX FORM

Designation of Beneficiary

PRINT OR TYPE ALL INFORMATION

Member's First Name | Middle | Last | Today's Date (MM/DD/YYYY) | Social Security Number

IMPORTANT: Complete the entire form. Follow the specific instructions for each section.

SECTION 1: MEMBER INFORMATION

Member's Mailing Address | City | State | ZIP | E-mail Address

Would you like your address changed to the one listed above if it does not agree with the address on our records? ☐ Yes ☐ No

Marital Status, Check One: ☐ Married ☐ Divorced ☐ Single

Member's Birthdate (MM/DD/YYYY) | Daytime Area Code and Telephone Number | Evening Area Code and Telephone Number

Check One: ☐ Active, Member Account ☐ Retiree Benefit (Maximum Option & Option 1 **ONLY**) ☐ DROP/IBO account

SECTION 2: DESIGNATION OF BENEFICIARY

This designation supersedes all prior designations. You must include **all** beneficiaries you wish to designate. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100.00%.** The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary. **If you have a "Power of Attorney" or other legal documents, please submit a certified copy.** According to Louisiana R.S. 11:403.7, **"Beneficiary" means** any person designated by the member or legally entitled to receive a retirement allowance, an annuity, or other benefit. **"Contingent" means** if all of the designated primary beneficiaries die before the member does, any ordinary death benefit payable on the member's behalf, shall be paid to the contingent beneficiary(ies). I request that my beneficiary(ies) be designated as follows:

NOTE: Attach a copy of the Social Security card for each beneficiary. ***Please use MM/DD/YYYY for the Beneficiary's Birthdate.***

PRIMARY BENEFICIARY'S PERCENTAGES MUST TOTAL 100%.

Primary Beneficiary's Name **(Required)** | Trust,Estate,Relation | Beneficiary's Birthdate | % Percentage | ☐ Male ☐ Female | Social Security Number

Primary Beneficiary's Name **(Required)** | Trust,Estate,Relation | Beneficiary's Birthdate | | ☐ Male ☐ Female | Social Security Number

CONTINGENT BENEFICIARY'S PERCENTAGES MUST TOTAL 100%.

Contingent Beneficiary's Name **(Optional)** | Trust,Estate,Relation | Beneficiary's Birthdate | | ☐ Male ☐ Female | Social Security Number

Contingent Beneficiary's Name **(Optional)** | Trust,Estate,Relation | Beneficiary's Birthdate | | ☐ Male ☐ Female | Social Security Number

SECTION 3: MEMBER CERTIFICATION

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 (MM/DD/YYYY)

SECTION 4: AUTHORIZATION

This form must be witnessed by two (2) persons other than designated beneficiary(ies).

WITNESSED BY: _____ WITNESSED BY: _____

SECTION 5: AUTHORIZATION, IF NECESSARY

Only complete this section if you sign with an "X" or your signature has changed due to health reasons. You must sign in the presence of either a LASERS representative or a Notary Public in one of the areas below.

WITNESSED BY: _____ _____

LOUISIANA STATE EMPLOYEES' RETIREMENT SYSTEM Employee ***(Signature)*** | LASERS Employee Name ***(Type or print)***

OR

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____ , 20_____ .

_____

NOTARY PUBLIC (Signature) | Notary ID # or Bar Roll #

(affix seal here)

_____

NOTARY PUBLIC (Type, print or stamp name)

RETAIN COPY FOR YOUR RECORDS

Commission Expires: _____

Reset Form