Form 01-06
R102018

PRINT ALL INFORMATION
www.lasersonline.org

LASERS
Louisiana State Employees' Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856

ERBER14

Designation of Beneficiary

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number

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

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date

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: ACTIVE MEMBER BENEFICIARY

Complete this section if you are a non-retired member of LASERS. Named beneficiaries will receive a lump sum of any employee contributions not directed by statute. Do not complete this section if you are completing paperwork to retire and are naming your retirement beneficiaries.

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number

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Social Security Number

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (optional)	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Contingent Beneficiary's Name (optional)	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	**☐ Male ☐ Female**	**Social Security Number**

SECTION 4: RETIREMENT BENEFIT BENEFICIARY

This section should only be completed if you are submitting a Retirement, Retirement with IBO, DROP, or Disability Retirement application, or if you are updating your current Maximum or Option 1 monthly retirement beneficiary(ies).

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Primary Beneficiary's Name	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	**☐ Male ☐ Female**	**Social Security Number**
Primary Beneficiary's Name	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	**☐ Male ☐ Female**	**Social Security Number**
Primary Beneficiary's Name	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	**☐ Male ☐ Female**	**Social Security Number**

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (optional)	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Contingent Beneficiary's Name (optional)	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	**☐ Male ☐ Female**	**Social Security Number**

SECTION 5: DROP OR IBO ACCOUNT BENEFICIARY

This section should only be completed if you are naming or updating your DROP or IBO account beneficiary(ies).

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Primary Beneficiary's Name	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	**☐ Male ☐ Female**	**Social Security Number**

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Social Security Number

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Primary Beneficiary's Name	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	☐ Male ☐ Female	**Social Security Number**

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (optional)	Relation, Trust, Estate	Birth Date	Percentage	☐ Male ☐ Female	Social Security Number
Contingent Beneficiary's Name (optional)	**Relation, Trust, Estate**	**Birth Date**	**Percentage**	☐ Male ☐ Female	**Social Security Number**

SECTION 6: 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

Reset Form