



## 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

Social Security Number




☐ Male ☐ Female

Primary Beneficiary's Name (Required)

Trust, Estate, Relation

Beneficiary's Birthdate

%

Percentage

Social Security Number




☐ Male ☐ Female

## CONTINGENT BENEFICIARY'S PERCENTAGES MUST TOTAL 100%.

Contingent Beneficiary's Name (Optional)

Trust, Estate, Relation

Beneficiary's Birthdate

%

Percentage

Social Security Number




☐ Male ☐ Female

Contingent Beneficiary's Name (Optional)

Trust, Estate, Relation

Beneficiary's Birthdate

%

Percentage

Social Security Number




☐ Male ☐ Female

## 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)

Commission Expires: \_\_\_\_\_

RETAIN COPY FOR YOUR RECORDS