



Louisiana State Employees' Retirement System

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

Designation of Beneficiary

www.lasers.state.la.us DO NOT FAX FORM

PRINT OR TYPE ALL INFORMATION

Member's First Name	Middle	Last	Today's Date (MM/DD/YYYY)	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.

SECTION 1: MEMBER INFORMATION

Member's Mailing Address	City	State	ZIP	E-mail address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status, Check One: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single	Member's Birthdate (MM/DD/YYYY)	Daytime Area Code and Telephone Number	Evening Area Code and Telephone Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/>

CONTINGENT BENEFICIARY'S PERCENTAGES MUST TOTAL 100%.

Contingent Beneficiary's Name (Optional)	Trust, Estate, Relation	Beneficiary's Birthdate		<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)	Trust, Estate, Relation	Beneficiary's Birthdate		<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 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)
<input type="text"/>	<input type="text"/>

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