



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 PO Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446
 www.trsl.org

Form 3 (10/04)

01-3

**Submit original form
no fax copies accepted**

Beneficiary Designation

Check here if multiple beneficiary forms submitted

Print in ink or type all entries except signatures. Incomplete or altered forms will be returned. The following beneficiary designation(s) will **replace all** previous choices. Designations of beneficiaries become effective when received in the office of the Teachers' Retirement System of Louisiana (TRSL). Forms received by TRSL after the date of the member's death shall be null and void. **If more than three primary or three contingent designations are to be made, please request additional forms and renumber the additional designations as 4, 5, 6, etc.** All forms must be submitted at the same time. In the event of your death within 30 days from the effective date of your retirement or DROP beginning date, the beneficiary(ies) listed on your active member record will apply only if no survivor benefits are payable.

Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.)

Street / P.O. Box

City, state, zip

Daytime telephone
() ()

Evening telephone
() ()

Social Security number

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Section 2 — Primary beneficiary(ies)

If more than one beneficiary is named in this section, the interest of all beneficiaries shall be equal, unless specified otherwise. Upon the death of any designated beneficiary, his or her interest shall pass to the survivor or survivors (primary beneficiary(ies), Section 2) in equal shares, unless specified otherwise. Please mark through any unused designation of beneficiary spaces. **Only human beings or a succession may be named.**

I hereby designate the following persons as my primary beneficiary(ies) to receive any payments that may be due from TRSL in the event of my death and only if no survivor benefits are payable.

Name: Last, first, MI, suffix (Jr., III, etc.)

1

Street / P.O. Box

City, state, zip

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

____ / ____ / ____
mm-dd-yyyy

Sex

Male Female

Relationship

Name: Last, first, MI, suffix (Jr., III, etc.)

2

Street / P.O. Box

City, state, zip

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

____ / ____ / ____
mm-dd-yyyy

Sex

Male Female

Relationship

Name: Last, first, MI, suffix (Jr., III, etc.)

3

Street / P.O. Box

City, state, zip

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

____ / ____ / ____
mm-dd-yyyy

Sex

Male Female

Relationship

Member and witnesses signatures must be completed on the reverse

Member's Social Security number

SSN input boxes

Member's name _____

Section 3 — Contingent beneficiary(ies)

The contingent beneficiary(ies) do not share in the amount due if any of the primary beneficiary(ies) are living at the death of the member. If more than one beneficiary is named in this section, the interests of all beneficiaries shall be equal, unless otherwise specified. Only human beings or a succession may be named.

I designate the following persons as my contingent beneficiary(ies) to receive any payments that may be due from TRSL upon my death in the event my primary beneficiary(ies) named have predeceased me.

Name: Last, first, MI, suffix (Jr., III, etc.)

1 _____

Street / P.O. Box

City, state, zip

Form for contingent beneficiary 1: Social Security number, Date of birth, Sex, Relationship

Name: Last, first, MI, suffix (Jr., III, etc.)

2 _____

Street / P.O. Box

City, state, zip

Form for contingent beneficiary 2: Social Security number, Date of birth, Sex, Relationship

Name: Last, first, MI, suffix (Jr., III, etc.)

3 _____

Street / P.O. Box

City, state, zip

Form for contingent beneficiary 3: Social Security number, Date of birth, Sex, Relationship

Section 4 — Member signature and witnesses

With this designation, I hereby request TRSL to pay, in the event of my death before retirement or pension, the total amount of the contributions standing to my credit in TRSL.

I understand the lump-sum payment of my contributions shall be paid to my named beneficiary(ies) or estate only if no monthly benefits are payable to a surviving spouse and/or minor children in accordance with LSA-R.S. 11:762 and 11:781.

I hereby authorize TRSL to make payment to the beneficiary(ies) whom I have designated and agree, on behalf of myself and heirs and assigns, that payment and acceptance of any such refund to my designated beneficiary(ies), if any, or my estate shall discharge all obligations of TRSL on account of any creditable service rendered prior to payment of the refund and shall constitute a release of all accrued rights of every kind and nature against TRSL. I hereby direct that, should I survive the aforementioned beneficiary(ies), the amount that would otherwise have been payable to the beneficiary(ies) shall be paid to my estate or to such other beneficiary(ies) as I shall designate with TRSL in accordance with the rules and regulations prescribed by the Board of Trustees.

Before these undersigned witnesses, I have signed my name this _____ day of _____, _____.

Member's signature and Date signed

Maiden name or other names used for employment

Must be witnessed by persons other than beneficiary(ies)

Signature of witness (do not print or type)

Street / P.O. Box

City, state, zip