



### 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"/>

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"/>

**Marital Status, Check One:**

Married  Divorced  Single

**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	Sex	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>

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

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