



8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516  
 Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lasers.net

LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

## Named Beneficiary

**Please type or print in ink all entries except signatures when adding, changing or deleting a beneficiary.**

Incomplete or altered forms will be returned. Designations of beneficiaries become effective when received in the office of the Louisiana School Employees' Retirement System (LSERS). Forms received by LSERS after the date of the member's death shall be null and void. Please complete additional forms if more than three designations are to be made. All forms must be submitted at the same time. **Only human beings or a member's estate may be named.** The following beneficiary designation will replace all previous choices.

- Check at least one:
- Active Member (Do not check this box if you are retired or have entered DROP)
  - Retired Return to Work Member (Only applies to contributions made after retirement)
  - Retired Maximum or Option One
  - DROP or IBRP Account (Only applies to balances in this account). Complete and attach Form 11 if married and not providing at least 50% of account balance to spouse.
- Check here if more than one form is submitted

| Section 1 - Member Information  |                                 |  |                         |                            |                  |
|---|---------------------------------|--|-------------------------|----------------------------|------------------|
| Last Name   | First Name                      | Middle Initial   | Suffix (Jr., III, etc.) | Social Security Number     |                  |
| Address (Street/P. O. Box)  |                                 |  |                         | Primary Telephone Number   |                  |
| City, State, and Zip Code   |                                 |  |                         | Secondary Telephone Number |                  |
| 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 portion shall pass to the remaining primary beneficiary(ies). If there is no primary beneficiary, balance will be paid to the named contingent beneficiary(ies). If no beneficiary(ies) are on file, the balance will be paid to the member's estate. |                                 |  |                         |                            |                  |
| Name: Last, First, MI, Suffix (Jr., III, etc.)  |                                 |  |                         |                            |                  |
| <b>1</b>  |                                 |  |                         |                            |                  |
| Address (Street/P. O. Box)  |                                 |  |                         | Primary Telephone Number   |                  |
| City, State, and Zip Code   |                                 |  |                         | Secondary Telephone Number |                  |
| Social Security Number  | Date of Birth mm/dd/yyyy<br>/ / | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                         | Relationship               | Percentages<br>% |
| Name: Last, First, MI, Suffix (Jr., III, etc.)  |                                 |  |                         |                            |                  |
| <b>2</b>  |                                 |  |                         |                            |                  |
| Address (Street/P. O. Box)  |                                 |  |                         | Primary Telephone Number   |                  |
| City, State, and Zip Code   |                                 |  |                         | Secondary Telephone Number |                  |
| Social Security Number  | Date of Birth mm/dd/yyyy<br>/ / | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                         | Relationship               | Percentages<br>% |
| Name: Last, First, MI, Suffix (Jr., III, etc.)  |                                 |  |                         |                            |                  |
| <b>3</b>  |                                 |  |                         |                            |                  |
| Address (Street/P. O. Box)  |                                 |  |                         | Primary Telephone Number   |                  |
| City, State, and Zip Code   |                                 |  |                         | Secondary Telephone Number |                  |
| Social Security Number  | Date of Birth mm/dd/yyyy<br>/ / | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                         | Relationship               | Percentages<br>% |

**Change of Beneficiary - Continued**

02-03  
Form 3

Member Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**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 on member's date of death. If more than one beneficiary is named in this section, the interests of all contingent beneficiaries shall be equal, unless otherwise specified. **Only human beings or a member's estate may be named.**

Name: Last, First, MI, Suffix (Jr., III, etc.)

**1**

|                            |                                 |  |                                  |
|----------------------------|---------------------------------|--|----------------------------------|
| Address (Street/P. O. Box) |                                 | Primary Telephone Number   |                                  |
| City, State, and Zip Code  |                                 | Secondary Telephone Number   |                                  |
| Social Security Number     | Date of Birth mm/dd/yyyy<br>/ / | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship<br>Percentages<br>% |

Name: Last, First, MI, Suffix (Jr., III, etc.)

**2**

|                            |                                 |  |                                  |
|----------------------------|---------------------------------|--|----------------------------------|
| Address (Street/P. O. Box) |                                 | Primary Telephone Number   |                                  |
| City, State, and Zip Code  |                                 | Secondary Telephone Number   |                                  |
| Social Security Number     | Date of Birth mm/dd/yyyy<br>/ / | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship<br>Percentages<br>% |

Name: Last, First, MI, Suffix (Jr., III, etc.)

**3**

|                            |                                 |  |                                  |
|----------------------------|---------------------------------|--|----------------------------------|
| Address (Street/P. O. Box) |                                 | Primary Telephone Number   |                                  |
| City, State, and Zip Code  |                                 | Secondary Telephone Number   |                                  |
| Social Security Number     | Date of Birth mm/dd/yyyy<br>/ / | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship<br>Percentages<br>% |

**Section 4 - Member and Witnesses' Signatures**

I hereby request that my beneficiary(ies) be designated as listed in Sections 2 and 3. I understand that the beneficiary(ies) 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.

|  |                          |
|--|--------------------------|
| Signature of Member (Do not print or type) | Date Signed (MM/DD/YYYY) |
|--|--------------------------|

**Must be witnessed by persons other than beneficiary(ies)**

|   |   |
|---|---|
| Signature of Witness (Do not print or type) | Signature of Witness (Do not print or type) |
| Address (Street/P. O. Box)                  | Address (Street/P. O. Box)                  |
| City, State, and Zip Code                   | City, State, and Zip Code                   |