



LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

Application for Payment to a Surviving Spouse or a Major Child

(Attach a copy of the Member's Death Certificate)

Per La. R.S. 11:165 and La. R.S. 9:1515, payment due to a deceased member that is not payable to a previously designated beneficiary(ies) can be paid to a Surviving Spouse or, if there is no Surviving Spouse, to all Major Children who survived the deceased.

Mark your relationship to the deceased:

- Surviving Spouse: Complete Sections 1, 2, 4 (optional), & 5.
A Surviving Spouse is someone legally married to the deceased. If divorce proceedings were started by either the deceased or the Surviving Spouse, the spouse is not eligible for this payment.
- Major Child: Complete Sections 1, 2, 3, 4 (optional), & 5.
A Major child is age 18 or over.

Section 1 - Deceased Member Information

Last Name	First Name	MI	Suffix	Social Security Number
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Section 2 - Applicant Information (Surviving Spouse: If none, then a Major Child - each child must complete a form)

Last Name	First Name	MI	Suffix	Social Security Number (attach copy of card)
Address (Street/P. O. Box)			Cell Number (with area code)	Alternate Number (with area code)
Address (City, State, and Zip Code)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (proof may be requested) Enter as MM/DD/YYYY / /

Section 3 - All Additional Major Children (if applicant is a major child)

Name - Last, First, MI	Gender	Date of Birth - MM/DD/YYYY	Telephone Number (w/area code)
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Signature of applicant and two witnesses required on Page 2

Deceased Member _____ Social Security Number _____

Section 4 - Payment Distribution (Optional)

Payment will be issued to the applicant as a paper check if information is not provided in this section. In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax- sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by LSERS into an IRA or transferred to another qualified plan.

Option A - DIRECT DEPOSIT (Applicable payment will be directed to applicant's bank account in lieu of paper check.)	
Name of Institution	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name and Title of Contact Person	Routing Number
Telephone Number	Account Number

Option B - ROLLOVER (This option is only available for a lump sum refund of contributions and/or DROP/IBRP balance.)	
Mark One: <input type="checkbox"/> Rollover total payment <input type="checkbox"/> Rollover only sheltered portion of payment <input type="checkbox"/> Rollover \$ _____ ; balance paid directly to me	
Name of Institution	Account Type <input type="checkbox"/> Roth IRA <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Qualified Plan, specify type: _____
Name and Title of Contact Person	Mailing Address
Telephone Number	Account Number

Section 5 - Signature of Applicant and Two (2) Witnesses

Applicant certifies that either the surviving spouse or all children age 18 or older have been included in this form. There may be no divorce proceedings instituted between applicant and decedent in order for payment to be made to spouse only. If applicant is a major child, there is no surviving spouse, or divorce proceedings have been instituted between spouse and decedent, then payment will be made to child(ren) of majority only. Applicant understands that LSERS is fully released and discharged from any liability upon issuance of payment.

Signature of Applicant (Do not print or type)	Date Signed (MM/DD/YYYY)
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TWO Witness Signatures - cannot be applicant or any of the major children listed on Page 1

Name of First Witness (Print or Type)	Name of Second Witness (Print or Type)
Address (Street/P.O. Box, Zip)	Address (Street/P.O. Box, Zip)
Telephone Number (with area code)	Telephone Number (with area code)
Signature of First Witness (Do not print or type) Date	Signature of Second Witness (Do not print or type) Date