



LOUISIANA SCHOOL EMPLOYEES'
 RETIREMENT SYSTEM

Named Beneficiary

If you are Retired or DROP Active under Options 2, 2A, 3, 3A, 4, or 4A, your monthly benefit beneficiary cannot be changed.

A properly completed form containing at least one (1) primary beneficiary and signed on page 2 by you (the member) and two (2) witnesses who are NOT listed as a beneficiary, will replace all previous designations and become effective when received in our office. If more than one (1) form is needed to complete your list of beneficiaries, all forms must be properly completed and submitted together. The form(s) will not be accepted if received after your death and the death disbursement had already been issued to the beneficiary(ies) on record at that time.

Check here if more than one form is submitted

Section 1 - Member Information

| | | | | |
|---------------------------|------------|----|----------------|---|
| Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| Address (Street/P.O. Box) | | | | Telephone Number (with area code) |
| City, State, and Zip Code | | | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |

Section 2 - Beneficiary Information (only human beings or your estate may be named)

Primary beneficiary(ies) living after your death will receive any remaining funds in equal shares unless you specify otherwise. **Contingent** beneficiary(ies) will receive any remaining funds in the same manner ONLY IF all primary beneficiaries pre-decease you. If there are neither primary beneficiaries nor any contingent beneficiaries living at your death, funds will be paid to your estate.

***TYPE I:** Designated beneficiary(ies) will receive remaining contributions, if any, after all benefits cease from an account upon death of a retired, non-retired or RTW 1007 member.

****TYPE II:** Designated beneficiary(ies) will receive your remaining account balance after your death. If your account balance has been transferred to the Self-directed Plan with Empower Retirement, you must contact them to make updates at 1.800.701.8255.

Section 2A - Primary Beneficiary(ies) Total percentage must equal 100% for each type. If not, proportionate adjustment will be made based on entries.

| | | | | | | |
|---|--|----------------------------|---|----|---|--|
| 1 | | Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| 1 | | Address (Street/P.O. Box) | | | | Telephone Number (with area code) |
| 1 | | City, State, and Zip Code | | | | Relationship to Member |
| 1 | | Date of Birth (MM/DD/YYYY) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | *TYPE I: Remaining Member Contributions <input type="checkbox"/> % | **TYPE II: DROP/IBRP Balance <input type="checkbox"/> % |
| 2 | | Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| 2 | | Address (Street/P.O. Box) | | | | Telephone Number (with area code) |
| 2 | | City, State, and Zip Code | | | | Relationship to Member |
| 2 | | Date of Birth (MM/DD/YYYY) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | *TYPE I: Remaining Member Contributions <input type="checkbox"/> % | **TYPE II: DROP/IBRP Balance <input type="checkbox"/> % |
| 3 | | Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| 3 | | Address (Street/P.O. Box) | | | | Telephone Number (with area code) |
| 3 | | City, State, and Zip Code | | | | Relationship to Member |
| 3 | | Date of Birth (MM/DD/YYYY) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | *TYPE I: Remaining Member Contributions <input type="checkbox"/> % | **TYPE II: DROP/IBRP Balance <input type="checkbox"/> % |

Member Name _____ Social Security Number _____

Section 2B - Contingent Beneficiary(ies) Total percentage must equal 100% for each type. If not, proportionate adjustment will be made based on entries.

| | | | | |
|----------------------------|-------------------------------|---------------------------------|--|-------------------------------------|
| Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| 1 | | | | |
| Address (Street/P.O. Box) | | | Telephone Number (with area code) | |
| City, State, and Zip Code | | | Relationship to Member | |
| Date of Birth (MM/DD/YYYY) | Gender | | *TYPE I: Remaining Member Contributions | **TYPE II: DROP/IBRP Balance |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> % | <input type="checkbox"/> % |
| Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| 2 | | | | |
| Address (Street/P.O. Box) | | | Telephone Number (with area code) | |
| City, State, and Zip Code | | | Relationship to Member | |
| Date of Birth (MM/DD/YYYY) | Gender | | *TYPE I: Remaining Member Contributions | **TYPE II: DROP/IBRP Balance |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> % | <input type="checkbox"/> % |
| Last Name | First Name | MI | Jr., III, etc. | Social Security Number |
| 3 | | | | |
| Address (Street/P.O. Box) | | | Telephone Number (with area code) | |
| City, State, and Zip Code | | | Relationship to Member | |
| Date of Birth (MM/DD/YYYY) | Gender | | *TYPE I: Remaining Member Contributions | **TYPE II: DROP/IBRP Balance |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> % | <input type="checkbox"/> % |

Section 3 - Member Signature

I hereby request that the beneficiary(ies) listed receive any remaining funds of any type in my name, unless Statute prevails.

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

Section 4 - TWO Witness Signatures - Must be witnessed by persons other than beneficiary(ies)

| | |
|---|--|
| Name of First Witness (Print or Type) | Name of Second Witness (Print or Type) |
| Address (Street/P.O. Box) | Address (Street/P.O. Box) |
| City, State, and Zip Code | City, State, and Zip Code |
| Primary Telephone Number (with area code) | Telephone Number (with area code) |
| Signature of First Witness (Do not print or type) | Signature of Second Witness (Do not print or type) |
| Date Signed (MM/DD/YYYY) | Date Signed (MM/DD/YYYY) |