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02-03
Form 3
06/23

LSERS
LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

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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.

This form designates beneficiaries to receive **remaining contributions** upon the death of a retired, non-retired, or RTW1007 member. For DROP/IBRP beneficiary changes, contact LSERS or Empower Retirement at 1.800.937.7604 (if participated on or after 1/1/2004).

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	Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P.O. Box)				Telephone Number (with area code)
City, State, and Zip Code				Marital Status ☐ Single ☐ Married ☐ Divorced ☐ 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.

Section 2A - Primary 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	Suffix (Jr., III, etc.)	Social Security Number	
1	Address (Street/P.O. Box)				Date of Birth (MM/DD/YYYY)	
	City, State, and Zip Code				Relationship to Member	
	Telephone Number (with area code)				Gender ☐ Male ☐ Female	Percentage Designated %
2	Last Name	First Name	MI	Suffix (Jr., III, etc.)	Social Security Number	
	Address (Street/P.O. Box)				Date of Birth (MM/DD/YYYY)	
	City, State, and Zip Code				Relationship to Member	
	Telephone Number (with area code)				Gender ☐ Male ☐ Female	Percentage Designated %
3	Last Name	First Name	MI	Suffix (Jr., III, etc.)	Social Security Number	
	Address (Street/P.O. Box)				Date of Birth (MM/DD/YYYY)	
	City, State, and Zip Code				Relationship to Member	
	Telephone Number (with area code)				Gender ☐ Male ☐ Female	Percentage Designated %

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.

1 Last Name	First Name	MI	Suffix (Jr., III, etc.)	Social Security Number	
Address (Street/P.O. Box)				Date of Birth (MM/DD/YYYY)	
City, State, and Zip Code				Relationship to Member	
Telephone Number (with area code)				Gender ☐ Male ☐ Female	Percentage Designated %
2 Last Name	First Name	MI	Suffix (Jr., III, etc.)	Social Security Number	
Address (Street/P.O. Box)				Date of Birth (MM/DD/YYYY)	
City, State, and Zip Code				Relationship to Member	
Telephone Number (with area code)				Gender ☐ Male ☐ Female	Percentage Designated %
3 Last Name	First Name	MI	Suffix (Jr., III, etc.)	Social Security Number	
Address (Street/P.O. Box)				Date of Birth (MM/DD/YYYY)	
City, State, and Zip Code				Relationship to Member	
Telephone Number (with area code)				Gender ☐ Male ☐ Female	Percentage Designated %

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)	Primary 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)