



**Teachers' Retirement System of Louisiana**  
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 Telephone: (225) 925-6446  
 Toll free (outside Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)  
 www.TRSL.org • web.master@trsl.org

**Submit original form ONLY. No copies, faxes, or scans are accepted.**

Check here if multiple beneficiary forms submitted

**Beneficiary Designation for Non-Retired Members**

**Print in ink or type all entries except signatures.** Incomplete or altered forms will be returned. The following beneficiary designation(s) will **replace all** previous choices. Designations of beneficiaries become effective when received in the office of the Teachers' Retirement System of Louisiana (TRSL). Forms received by TRSL after the date of the member's death shall be null and void. **This form is not to be used for retired members or members who have participated in DROP. Retirees who have returned to work should complete Form 3C (Beneficiary Designation for Retiree Return-to-Work Employee Contributions).**

**Section 1 — Member information**

Name: Last, first, MI, suffix (Jr., III, etc.)	Phone (       )	Social Security number
Street / P.O. Box	City, state, zip	Email address

**Section 2 — Beneficiary designation**

This designation supersedes all prior designations. You must include **ALL** beneficiaries that you wish to designate. If percentages are not provided, any amounts payable will be divided equally among all beneficiaries. Primary and contingent beneficiaries must separately total 100%. The number of primary or contingent beneficiaries that you may name is not limited (attach an additional sheet if necessary). "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. A trust is not an acceptable designation; only human beings or succession may be named.

PRIMARY beneficiary's name <i>Last, First, M</i>	Social Security number	Gender	Birth date <i>mm/dd/yyyy</i>	Relation	Percentage <i>must equal 100%</i>
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %

CONTINGENT beneficiary's name <i>Last, First, M</i>	Social Security number	Gender	Birth date <i>mm/dd/yyyy</i>	Relation	Percentage <i>must equal 100%</i>
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %
		<input type="checkbox"/> M <input type="checkbox"/> F	___/___/___		___ %

**Section 3 — Member signature**

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.

I hereby authorize TRSL to make payment to the beneficiary(ies) whom I have designated and agree, on behalf of myself and heirs and assigns, that payment and acceptance of any such refund to my designated beneficiary(ies), if any, or my estate shall discharge all obligations of TRSL on account of any creditable service rendered prior to payment of the refund and shall constitute a release of all accrued rights of every kind and nature against TRSL. I hereby direct that, should I survive the aforementioned beneficiary(ies), the amount that would otherwise have been payable to the beneficiary(ies) shall be paid to my estate or to such other beneficiary(ies) as I shall designate with TRSL in accordance with the rules and regulations prescribed by the Board of Trustees.

Before these undersigned witnesses, I have signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Member's signature (do not print or type)	Maiden name or other names used for employment
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**Section 4 — Witness signatures (Must be witnessed by persons other than beneficiaries.)**

Signature of witness (do not print or type)	Please print name of witness
Signature of witness (do not print or type)	Please print name of witness