



Teachers' Retirement System of Louisiana

8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
PO Box 94123 • Baton Rouge, LA 70804-9123

Telephone: (225) 925-6446

Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)

www.TRSL.org • web.master@trsl.org

Form 3A (04/18)

01-3A

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

Check here if multiple beneficiary forms submitted

Change of Beneficiary for Option 1 Retiree

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. If more than four primary or three contingent designations are to be made, please attach additional forms and number the additional designations appropriately. All forms must be submitted at the same time. In the event of your death within 30 days from the effective date of your retirement or DROP beginning date, the beneficiary(ies) listed on your active member record will apply only if no survivor benefits are payable.

Section 1 — Retiree information

Name: Last, first, MI, suffix (Jr., III, etc.)

Street / P.O. Box

City, state, zip

Social Security number

Daytime telephone ( )

Evening telephone ( )

Social Security number input boxes

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.

Table with 6 columns: PRIMARY beneficiary's name, Social Security number, Gender, Birth date, Relation, Percentage. Includes 4 rows for primary beneficiaries.

Table with 6 columns: CONTINGENT beneficiary's name, Social Security number, Gender, Birth date, Relation, Percentage. Includes 3 rows for contingent beneficiaries.

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.

Section 3 — Affidavit (complete and sign before a Notary Public)

State of \_\_\_\_\_, Parish/County of \_\_\_\_\_

Before me, the undersigned Notary Public, personally came and appeared \_\_\_\_\_, who after being duly sworn, deposed and said that he/she is the retiree named in Section I, and that he/she has made the beneficiary designation and hereby acknowledges and confirms same.

Affiant's (retiree's) signature (do not print or type)

Date signed (mm-dd-yyyy)

SWORN TO AND SUBSCRIBED before me, Notary, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Identification/Bar Roll Number

Notary Public name, printed

Notary Public signature