



Teachers' Retirement System of Louisiana

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Form 3B (04/18)

01-3B

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

Beneficiary Designation for DROP and ILSB Accounts

Check here if multiple beneficiary forms submitted

Print in ink or type all entries except signatures. Incomplete or altered forms will be returned. A Spousal Consent (Form 11G) must be attached when a beneficiary other than the spouse is designated, or the spouse has not been designated to receive at least 50% of the balance of the account.

In the event of your death within 30 days from your effective DROP beginning date, the DROP account will not be set up, and the beneficiary(ies) listed on this form will not be applicable. 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.

Section 1 — Retiree information

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

Street / P.O. Box

City, state, zip

Daytime telephone ()

Evening telephone ()

Social Security number

Social Security number input field

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. Contains 4 rows for primary beneficiaries.

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

Section 3 — Retiree signature and witnesses

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

Retiree's signature (do not print or type)



Must be witnessed by persons other than beneficiary(ies)

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

