



Teachers' Retirement System of Louisiana
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Form 3C (04/18)

01-3C

Use only for retirees who return to work in a TRSL-eligible position
 •
Submit original form ONLY. No copies, faxes, or scans are accepted.

Beneficiary Designation for Retiree Return-to-Work Employee Contributions

Check here if multiple beneficiary forms submitted

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 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

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

Section 2 — Beneficiary designation

In the event of your death the remaining balance of unsheltered contributions will be paid the beneficiary designated below.

I hereby designate the following beneficiary(s) to receive the amount of contributions remitted to TRSL during my reemployment in the event of my death before withdrawing these contributions from TRSL. 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 — 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

