



Teachers' Retirement System of Louisiana

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Form 13R (04/18)

02-13R

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

Renunciation of Beneficiary

STATE OF _____

PARISH/COUNTY OF _____

BE IT KNOWN, That on this _____ day of _____, 20_____, before me, _____, Notary Public duly commissioned and qualified in and for the Parish/County of _____, State of _____, therein residing, and in the presence of the witnesses hereinafter named and undersigned:

PERSONALLY CAME AND APPEARED, _____, who declares as follows, to wit:

That _____ is the surviving spouse/child of the deceased, who was an active contributing member of the Retirement Fund Account in the name of said _____, with the Teachers' Retirement System of Louisiana, Social Security No. _____; that as the surviving spouse/child is entitled to a monthly payment of approximately \$_____, that appearer does, by these present, hereby fully, finally and forever renounce and abrogate, jointly and severally, _____ rights to surviving spouse/child monthly payments; appearer further stated that _____ intent in making such renunciation is such that the designated beneficiary of said deceased member, namely _____, may receive a lump sum payment of the accumulated contributions under the provisions of the Retirement System.

THUS DONE AND PASSED IN MY OFFICE IN _____, in the presence of _____ and _____, competent witnesses, and me, Notary, on the date first written hereinabove.

Beneficiary Social Security Number

Beneficiary name, printed

▶ _____
Beneficiary signature

Witness name, printed

▶ _____
Witness signature

Witness name, printed

▶ _____
Witness signature

Notary Public Identification/Bar Roll Number

Notary Public name, printed

▶ _____
Notary Public signature