



# Beneficiary Designation for Retiree Return-to-Work Employee Contributions (Form 3C)

01-3C  
rev. 04/26

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-4779

**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 TRSL office. Forms received after the date of the member's death shall be null and void. *In the event of your death the remaining balance of unsheltered contributions remitted to TRSL during your re-employment and not withdrawn will be paid the beneficiary(ies) listed on this form.*

### Section 1 - Member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)	Check here if multiple beneficiary forms submitted.  <input type="checkbox"/>
Street/PO box	Daytime phone (include area code)	
City, state, zip	Email address	

### Section 2 - Beneficiary designation

Please 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 can name is not limited. (If necessary, attach an additional Form 3C and check the box in Section 1 for multiple beneficiary forms submitted.) "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 can be named.

PRIMARY beneficiary's name <i>Last, First, MI</i>	Social Security number (###-##-####)	Sex	Birth date <i>mm/dd/yyyy</i>	Relation	Percentage <i>must equal 100%</i>
1.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %
2.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %
3.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %
4.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %

CONTINGENT beneficiary's name <i>Last, First, MI</i>	Social Security number (###-##-####)	Sex	Birth date <i>mm/dd/yyyy</i>	Relation	Percentage <i>must equal 100%</i>
1.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %
2.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %
3.		<input type="checkbox"/> M <input type="checkbox"/> F			_____ %

### Section 3 Retiree signature

Retiree's signature (DO NOT PRINT OR TYPE)	Date signed ( <i>mm/dd/yyyy</i> )
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