



Beneficiary Designation for DROP and ILSB Accounts

(Form 3B)

01-3B
rev. 4/26

HOW TO SUBMIT:	DROP OFF or MAIL	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(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 by TRSL after the date of the member's death shall be null and void. 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.

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 3B 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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