



Beneficiary Designation for Non-Retired Members (Form 3)

01-3
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

IMPORTANT: The following beneficiary designation(s) will replace all previous choices. 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.

“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.

Designations of beneficiaries become effective once a completed form is submitted to TRSL. Forms received by TRSL after the date of the member’s death shall be null and void.

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					
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 Member signature	
Member's signature (DO NOT PRINT OR TYPE)	Date (mm/dd/yyyy)