



Changes of Beneficiary for Option 1 Retiree (Form 3A)

01-3A
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 by TRSL after the date of the member's death shall be null and void. If more than four primary or three contingent designations are to be made, please attach additional forms and number the additional designations appropriately. All forms must be submitted at the same time. In the event that you die within 30 days of the effective date of your retirement or DROP beginning date, the beneficiary(ies) listed on your active member record will apply only if no survivor benefits are payable.

Section 1 - Member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)	Check here if multiple beneficiary forms submitted. <div style="text-align: center; border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
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 3A 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's signature

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