



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

01-3A  
rev. 12/20

**HOW TO SUBMIT:**

**DROP OFF or MAIL**  
8401 United Plaza Blvd, Ste 300  
Baton Rouge LA 70809

**Submit ORIGINAL form ONLY.  
No copies, faxes, or scans accepted.**

**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. <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 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			_____ %

I hereby request that my beneficiary(ies) be designated as above. I understand that the beneficiary(ies) designated on this form will receive my contributions to the retirement system, unless I have qualifying survivors (spouse, children) entitled to a monthly survivor's benefit. I hereby authorize TRSL to make payment to the beneficiary(ies) whom I have designated and agree, on behalf of myself and heirs and assigns, that payment and acceptance of any such refund to my designated beneficiary(ies), if any, or my estate shall discharge all obligations of TRSL on account of any creditable service rendered prior to payment of the refund and shall constitute a release of all accrued rights of every kind and nature against TRSL. I hereby direct that, should I survive the aforementioned beneficiary(ies), the amount that would otherwise have been payable to the beneficiary(ies) shall be paid to my estate or to such other beneficiary(ies) as I shall designate with TRSL in accordance with the rules and regulations prescribed by the Board of Trustees.

**Section 3 - Affidavit (complete and sign before a Notary Public)**

State of \_\_\_\_\_, Parish/County of \_\_\_\_\_. Before me, the undersigned Notary Public, personally came and appeared \_\_\_\_\_, who after being duly sworn, deposed and said that he/she is the retiree named in Section 1, and that he/she has made the beneficiary designation and hereby acknowledges and confirms same.

Affiant's (retiree's) signature (DO NOT PRINT OR TYPE)

SWORN TO AND SUBSCRIBED before me, Notary, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public ID/Bar roll number	Notary Public name (printed)	Notary Public signature
----------------------------------	------------------------------	-------------------------