

# Louisiana State Police Retirement System

9224 Jefferson Hwy., Baton Rouge, LA 70809

(225) 295-8400 or (800) 256-5210

## Beneficiary Change Form

### Member/Retiree Information

(Please type or print information and submit to the address above.)

Member/Retiree Name:	SSN (last 4 digits): XXX-XX-
Current Mailing Address:	Date of Birth:
City, State and Zip Code:	Daytime Telephone Number:

### Beneficiary Information

(Please type or print information)

You may indicate in the comments section of this form whether this designation is for life insurance proceeds, retirement contributions, DROP account, etc. If more than one beneficiary, you may indicate in the comments section what portion of the benefits this designee is to receive (i.e. Jane Doe  $\frac{1}{2}$ , John Doe  $\frac{1}{2}$ ).

Beneficiary Name:	SSN:	Date of Birth:	Relationship:	Comments:

### Member/Retiree Certification

State of Louisiana

Parish of \_\_\_\_\_

I do hereby request that my beneficiary be changed as designated above. This change shall replace any previous designation. I do understand that the beneficiary designated herein will inherit my contributions to the retirement system provided I do not have a qualifying survivor, qualifying spouse, or minor children entitled to a monthly survivor's benefit, and if there are any contributions remaining in my account.

\_\_\_\_\_  
Member/Retiree's Signature

**Sworn to and Subscribed** before me, notary for the state and parish mentioned above, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Notary Number: \_\_\_\_\_ Commission Expires: \_\_\_\_\_