

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:	
Email Address:	Telephone Number:

Beneficiary Information

(Please type or print information)

You may indicate in the comments section of this form whether this designation is for retirement contributions, DROP account, IBO, etc. If you are updating spouse information, please include a copy of your marriage license with this form. If more than one beneficiary, you may indicate in the comments section what portion of the lump sum benefits this designee is to receive (i.e. Jane Doe 1/2, John Doe 1/2).

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

Member/Retiree Certification

State of _____
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: _____