

Louisiana State Police Retirement System

9224 Jefferson Hwy | Baton Rouge, Louisiana 70809

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

Fax: (225) 295-8408; Email: info@lsprs.org

Beneficiary Change Form

***This form is to be used to change/update beneficiary information for LSPRS survivor benefits only.**

Please type or print information clearly and submit completed form to the mailing or email address above.

Member/Retiree Information

Member/Retiree Name:	Circle One: Active Retired Disabled Survivor
Current Mailing Address:	Social Security Number: XXX-XX- _____
	Date of Birth: ____ / ____ / ____
Email Address:	Telephone Number(s): Cell: _____ Other: _____

Beneficiary Information

Choose the type of benefit: **Monthly Benefit** (Please note that this goes to the surviving spouse, as per *R.S. 11:1320 & 1323*.)
 DROP Account (if entered DROP prior to 10/01/2009)

If you are updating **spouse information**, please include a copy of your marriage license with this form.

If you have more than one beneficiary, you may indicate in the comments section what portion of the lump sum benefits the designee is to receive (e.g., Jane Doe 60%, John Doe 40%).

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

This change will replace any previous designation of beneficiary.

Member/Retiree Signature:

Date: