

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Boulevard, Baton Rouge, LA 70809

BENEFICIARY CHANGES

MEMBER INFORMATION

Name: _____ Social Security Number: XXX-XX-_____

This designation supersedes all prior designations. You must include **ALL** beneficiaries that you wish to designate. The number of primary or contingent beneficiaries that you may name is not limited. "Contingent" beneficiaries are eligible for payment only if all primary beneficiaries die before the member does. If you are not the member, you must submit a Certified copy of a "Power of Attorney" or other legal documents with this form.

PRIMARY BENEFICIARY (ies) - To enter up to four primary beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four primary beneficiaries, please contact the office at (225) 925-4810.

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Name: _____ Birth Date: _____
First Middle Last

Address: Is the beneficiary's address the same as the member's address? Yes No

Address City State Zip Code

Social Security Number: _____ Relationship: _____ Percentage: _____ %

Does the total combined percentage for your Primary Beneficiaries equal 100%?

Yes No

Total Percentage: _____ %

If not, please correct the combined distribution percent before submitting this form.

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CONTINGENT BENEFICIARY (ies) – (optional – not required) - To enter up to four contingent beneficiaries, click the check box to the left of "Name" below to engage the required fields. If entering more than four contingent beneficiaries, please contact the office at (225) 925-4810.

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

Name: _____ **Birth Date:** _____
First Middle Last

Address: _____
Address City State Zip Code

Social Security Number: _____ **Relationship:** _____ **Percentage:** _____ %

If they exist, does the total combined percentage for your Contingent Beneficiaries equal 100%? Yes No

Total Percentage: _____ %

If not, please correct the combined distribution percent before submitting this form.

I request that the Board of Trustees of the Municipal Employees' Retirement System pay, in the event of my death while an active contributing member before retirement, the total amount of my remaining contributions in the retirement system to the designated beneficiary(ies), otherwise, to my estate, unless benefits are payable to a surviving spouse and/or children in accordance with Title 11 of the Louisiana Revised Statutes.

MEMBER NAME: _____

MEMBER SIGNATURE: _____ **DATE:** _____