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**ACTIVE MEMBER
Beneficiary and/or Name Change Form**

Instructions: Print in ink or type all entries except signatures. This form authorizes CPERS to change the beneficiary and/or name listed on the following account. The following beneficiary designation(s) shall replace all previous choices. **An Employee Contribution Account Spousal Consent Form must accompany this Beneficiary Change Form if spouse is not listed to receive at least 50% beneficiary.**

Section I – Member Name Change (to be used only if your name is legally changed)

Section II – Member Information

Name: Last, First, MI, Suffix (Jr., III, etc.)	Social Security Number	Telephone Number
Street/P. O. Box	City	State, Zip Code
		Email

Section III – Beneficiary Information

1.

Name: Last, First, MI, Suffix (Jr., III, etc.)	Date of Birth	Percentage Allocated
Telephone Number	Relationship	Social Security Number
Street/P. O. Box	City	State, Zip Code

2.

Name: Last, First, MI, Suffix (Jr., III, etc.)	Date of Birth	Percentage Allocated
Telephone Number	Relationship	Social Security Number
Street/P. O. Box	City	State, Zip Code

3.

Name: Last, First, MI, Suffix (Jr., III, etc.)	Date of Birth	Percentage Allocated
Telephone Number	Relationship	Social Security Number
Street/P. O. Box	City	State, Zip Code

With this designation, I hereby request CPERS to pay, in the event of my death before retirement or pension, the total amount of the contributions standing to my credit in CPERS. I understand the lump-sum payment of my contributions shall be paid to my named beneficiary (ies) or estate only if no monthly benefits are payable to a surviving spouse.

X _____
Member's Signature (Do not print or type) Date Signed

Must be witnessed by persons other than beneficiary (ies)

Signature of Witness Signature of Witness