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DROP ACCOUNT Beneficiary 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 Information

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

Section II – 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, the total amount in my DROP account to my named beneficiary (ies) listed above.

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
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