

**City of Baton Rouge & Parish of East Baton Rouge
Employees' Retirement System**

P. O. Box 1471, Baton Rouge, LA 70821
Telephone: (225) 389-3272; Fax: (225) 389-5548
Email: retirementoffice@brgov.com

**DROP ACCOUNT
Beneficiary Change Form**

Instructions: Print in ink or type all entries except signatures. This form is authorization for CPERS to change the beneficiary listed on the following account. The following beneficiary designation(s) will replace all previous choices. **A DROP Account Spousal Consent Form must accompany this Beneficiary Change Form if spouse is not at least 50% beneficiary.**

Section I – Member Information

Name: Last, First, MI, Suffix (Jr., III, etc.)

Street/P. O. Box

City, State, Zip Code

Daytime Telephone Number

Evening Telephone Number

Social Security Number

Section II – Beneficiary Information

1.

Name: Last, First, MI, Suffix (Jr., III, etc.)

Percentage Allocated

Street/P. O. Box

City, State, Zip Code

Telephone Number

Social Security Number

Relationship

Date of Birth

2.

Name: Last, First, MI, Suffix (Jr., III, etc.)

Percentage Allocated

Street/P. O. Box

City, State, Zip Code

Telephone Number

Social Security Number

Relationship

Date of Birth

3.

Name: Last, First, MI, Suffix (Jr., III, etc.)

Percentage Allocated

Street/P. O. Box

City, State, Zip Code

Telephone Number

Social Security Number

Relationship

Date of Birth

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).

X

Member's Signature (Do not print or type)

Date Signed

Must be witnessed by persons other than beneficiary(ies)

Signature of Witness