



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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DESIGNATION OF BENEFICIARY

MPERS must receive the following as soon as possible: birth certificates and Social Security cards for member, spouse and all children under age 23; marriage license; all divorce decree(s); separate property agreements; and any community property settlement(s)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT: Complete the entire form. Follow the specific instruction for each section. All dates should be in MM/DD/YYYY format.

SECTION 1: MEMBER INFORMATION

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address

SECTION 2: GENERAL INFORMATION

This designation supersedes all prior designations. You must include ALL beneficiaries that you wish to designate. If percentages are not provided, any amounts payable will be divided equally among all beneficiaries. Primary and contingent beneficiaries must separately total 100%. The number of primary or contingent beneficiaries that you may name is not limited (attach an additional sheet if necessary). "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. A COPY OF THE SOCIAL SECURITY CARD AND BIRTH CERTIFICATE FOR EACH BENEFICIARY IS REQUIRED.

SECTION 3: ACTIVE MEMBER BENEFICIARY

Do not complete this section if you are completing paperwork to retire and are naming retirement beneficiaries. Complete this section if you are a non-retired member of MPERS.

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Gender	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (Optional)	Relation, Trust, Estate	Birth Date	Percentage	Gender	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

SECTION 4: RETIREMENT BENEFIT BENEFICIARY

This section should only be completed if you are submitting a Retirement, Retirement with IBO, or DROP application and are selecting the Maximum or Option 1 retirement plan.

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Gender	Social Security Number
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (Optional)	Relation, Trust, Estate	Birth Date	Percentage	Gender	Social Security Number
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

SECTION 5: DROP OR IBO ACCOUNT BENEFICIARY

This section should only be completed if you are naming or updating your DROP or IBO account beneficiary(ies).

PRIMARY BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Primary Beneficiary's Name	Relation, Trust, Estate	Birth Date	Percentage	Gender	Social Security Number
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

CONTINGENT BENEFICIARIES' PERCENTAGES MUST TOTAL 100%

Contingent Beneficiary's Name (Optional)	Relation, Trust, Estate	Birth Date	Percentage	Gender	Social Security Number
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

SECTION 6: MEMBER SIGNATURE

I hereby request that my beneficiary(ies) be designated as above. I understand that the beneficiary(ies) designated on this form will receive my contributions to the retirement system, unless I have qualifying survivors (spouse, children) entitled to a monthly survivor's benefit.

Member's Signature

Date