

**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

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

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

Street/P. O. Box	City	State, Zip Code
Daytime Telephone Number	Evening Telephone Number	Social Security Number

Section III – Beneficiary Information (Percentage Allocated must equal 100%)

1. _____

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

2. _____

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

3. _____

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

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