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Louisiana State Employees'
Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
225.922.0612 (hearing impaired)

**Spousal Consent
(LAC 58.I.2901)**

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"/>

SECTION 1: SPOUSE'S INFORMATION

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

SECTION 2: INSTRUCTIONS

A married member must choose a retirement option which provides a benefit for their spouse that is at least fifty percent (50%) of the benefit payable to the retiree. The member may choose a payout with no survivor annuity or name another individual as beneficiary, if the spouse agrees with the choice and signs the following **in the presence of a Notary Public**.

SECTION 3: SELECTIONS (please select all that apply)

Consent to Option Without a Joint and Survivor Annuity for Spouse *(to be completed when selecting the Maximum Plan, Option 1, or a beneficiary who is not the member's spouse)*
 I understand and acknowledge that my spouse has selected a retirement option or beneficiary on the retirement application that waives my right to a qualified joint and survivor annuity form of benefit. I hereby consent to such election and permit my spouse to change his or her beneficiary without my further consent. I understand and acknowledge that by this consent, I give up my right to a benefit equal to fifty percent (50%) of my spouse's benefit, should I survive my spouse after his or her death.

Consent to Lump Sum Beneficiary Other than Spouse *(to be completed when selecting a Deferred Retirement Option Plan (DROP) or Initial Benefit Option (IBO) beneficiary who is not the member's spouse)*
 I understand and acknowledge that, by selecting the retirement option or beneficiary marked on the DROP or IBO retirement application, my spouse has designated an individual other than myself as his or her DROP or IBO beneficiary. I hereby consent to such election and permit my spouse to change his or her beneficiary without my further consent. I understand and acknowledge that by this consent I give up my right to a benefit equal to the balance of my spouse's DROP or IBO account, should I survive my spouse after his or her death.

Spouse's Signature	Date
<input type="text"/>	<input type="text"/>

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20____.

_____ Notary Public (Signature)	_____ Notary ID # or Bar Roll #
_____ Notary Public Name	_____ Commission Expires

(affix seal here)