



PRINT ALL INFORMATION
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Fax 225.935.2856

Application for Change in Retirement Benefit due to Death of Beneficiary (R. S. 11:446(D))

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 instructions for each section. All dates should be in MM/DD/YYYY format.

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: DECEASED BENEFICIARY'S INFORMATION

Beneficiary's Name	Social Security Number	Beneficiary's Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach a copy of the deceased beneficiary's death certificate to this application.

SECTION 3: MEMBER'S CERTIFICATION

I hereby apply for an increase in my retirement benefit to the amount that I would have received had I selected the Maximum benefit option. I have enclosed a copy of my deceased beneficiary's death certificate.

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