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

<b>Member's First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Today's Date</b>	<b>Social Security Number</b>
<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

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

Would you like your address changed to the above?  Yes  No

#### SECTION 2: DECEASED BENEFICIARY'S INFORMATION

<b>Beneficiary's Name</b>	<b>Social Security Number</b>	<b>Beneficiary's Date of Death</b>
<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.

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