Louisiana Sheriffs' Pension and Relief Fund

DESIGNATION OF BENEFICIARY

BENEFICIARY DESIGNATION FOR REFUNDS

MEMBER'S NAME: _____ SSN: _____

ADDRESS: _____ PARISH: _____

_____

MARITAL STATUS: _____ Married _____ Divorced _____ Single

Louisiana law permits you to designate a beneficiary for your employee contributions if you die before you have received pension payments at least equal to your employee contributions. If you do not designate a beneficiary, these employee contributions will be paid to your estate.

You may designate one or more primary beneficiaries. If you designate more than one primary beneficiary and one primary beneficiary dies before you, the benefit will be distributed to the remaining primary beneficiaries unless all primary beneficiaries die before you. Only then will the LSPRF look to your designated contingent beneficiaries. Careless designations can lead to results you do not want. For example, if you list your children by name as primary beneficiaries and a child dies before you, the benefit will be paid to your remaining children and not to your grandchildren by the deceased child even though the grandchildren are listed as contingent beneficiaries. To prevent this result, you should list your "**descendants by roots**" as the primary beneficiary and not list your children by name and provide LSPRF with the names and social security numbers of your children and grandchildren on Exhibit "A" attached to this document. The term "descendants by roots" is a legal phrase that means your refund will be divided equally by reference to your children. If a child dies before you, that deceased child's share will be divided equally among that deceased child's children. If a child and grandchild die before you, the share of the grandchild will be divided equally among your great-grandchildren by the deceased grandchild. As long as you simply list names, the LSPRF will treat all named beneficiaries equally.

You are permitted to name beneficiaries with percentages of the benefit you wish them to receive, and the percentages do not have to be equal. However, they must total 100%. You are not limited in naming beneficiaries to the number of boxes in the chart below. You may continue listing beneficiaries on Exhibit "B" attached to this document. If a primary percentage beneficiary dies before you, the benefit designated for the deceased primary percentage beneficiary will be allocated pro rata among the surviving primary percentage beneficiaries unless you provide that the share of the deceased percentage beneficiary goes to an Alternate Beneficiary. Below is a table for naming alternate beneficiaries. Unlike primary beneficiaries, alternate beneficiaries only get the percentage you designate for them if the primary beneficiary ahead of them dies before you and nothing else. Ask for help with completing the form if this is the case.

Contingent beneficiaries will receive money only if all primary beneficiaries are deceased, minus any percentage benefit which has been allocated to an alternate beneficiary. Since alternate beneficiaries receive only the percentage interest designated for them and are not entitled to any additional distributions, your contingent beneficiaries will receive the unallocated percentage of your benefit unless you clearly provide otherwise.

If you have executed a "power of attorney" or similar document which gives another person the right to alter your beneficiary designation, a certified true copy must be filed with the LSPRF or the LSPRF will not permit your designee to make changes to the beneficiary designation.

Primary Beneficiary(ies):

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %	SOCIAL SECURITY #

Alternate **Beneficiary(ies): (Not a Requirement) (First alternate beneficiary)**

If _____ , a primary beneficiary named in the preceding chart with a _____% interest in my refund dies before me, then instead of distributing his/her share among the surviving primary beneficiaries, I instruct the LSPRF to divide that percentage according to the following chart:

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %	SOCIAL SECURITY #

Alternate Beneficiary(ies): (Not a Requirement) (Second alternate beneficiary)

If _____, a primary beneficiary named in the preceding chart with a ____% interest in my refund dies before me, then instead of distributing his/her share among the surviving primary beneficiaries, I instruct the LSPRF to divide that percentage according to the following chart:

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %	SOCIAL SECURITY #

Contingent Beneficiary(ies): (Not a Requirement)

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %	SOCIAL SECURITY #

I hereby request that my beneficiary(ies) be designated as above. I understand that the beneficiary(ies) designated on this form will receive my undistributed contributions to the retirement system, **unless I have qualifying survivors (spouse, children) entitled to a monthly survivor's benefit.** Payment of accumulated undistributed contributions will be made only upon receipt of the deceased member's death certificate. This payment to the named beneficiary(ies) or the estate cancels all liability of the Louisiana Sheriffs' Pension & Relief Fund to the deceased member, their named beneficiary(ies), or the estate.

_____ _____

MEMBER'S SIGNATURE DATE (MM/DD/YYYY)

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the State of _____.

Parish of _____, this _____ day of _____, 20_____.

_____

NOTARY PUBLIC (Signature) Notary ID# or Bar Roll #

(affix seal here)

_____

NOTARY PUBLIC (Type, Print or Stamp Name)

DESIGNATION OF BENEFICIARY

EXHIBIT "A"

I HAVE DESIGNATED MY PRIMARY BENEFICIARY AS MY "DESCENDANTS BY ROOTS". I HEREBY CERTIFY THAT THE FOLLOWING IS A TRUE AND ACCURATE LISTING OF MY CHILDREN AND GRANDCHILDREN BY NAME AND SOCIAL SECURITY NUMBER:

1. CHILDREN

Name: _____ SSN: _____

Name:_____ SSN: _____

Name:_____ SSN:_____

Name:_____ SSN:_____

Name:_____ SSN:_____

Name:_____ SSN:_____

Name:_____ SSN:_____

Name:_____ SSN:_____

2. GRANDCHILDREN

Name:_____ Parent:_____

SSN: _____

Name:_____ Parent:_____

SSN:_____

Name:_____ Parent:_____

SSN: _____

Name:_____ Parent:_____

SSN:_____

Name:_____ Parent:_____

SSN: _____

DESIGNATION OF BENEFICIARY

EXHIBIT "A"

GRANDCHILDREN (continued)

Name:_____ Parent:_____

SSN:_____

Name:_____ Parent:_____

SSN: _____

Name:_____ Parent:_____

SSN:_____

Name:_____ Parent:_____

SSN: _____

Name:_____ Parent:_____

SSN:_____

Name:_____ Parent:_____

SSN: _____

Name:_____ Parent:_____

SSN:_____

Name:_____ Parent:_____

SSN: _____

Name:_____ Parent:_____

SSN:_____

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT

_____ _____

MEMBER'S SIGNATURE DATE (MM/DD/YYYY)

DESIGNATION OF BENEFICIARY

EXHIBIT "B"

I HEREBY DESIGNATE THE FOLLOWING ADDITIONAL BENEFICIARIES:

Primary Beneficiary(ies):

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %	SOCIAL SECURITY #

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT

MEMBER'S SIGNATURE

DATE (MM/DD/YYYY)