PERS PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

DESIGNATION OF DEFERRED RETIREMENT OPTION PLAN BENEFICIARY

Member Name: _____ Social Security No:_____

To the Board of Trustees:
In accordance with the provisions of the Parochial Employees' Retirement System of Louisiana law, I hereby designate the below named person as my beneficiary to receive a refund of my DROP lump sum if I die prior to payment of the lump sum amount. I understand that if I do not specify a beneficiary for this purpose, the beneficiary designated as my Option beneficiary will be deemed the beneficiary for this purpose also. If I have no option beneficiary and do not specify a beneficiary for this purpose, I understand that the DROP lump sum will be paid to my estate.

Beneficiary Name:	Social Security No. :
Relationship:	Date of Birth:
Mailing Address:	City/State/Zip:

Member Signature: _____ Date: _____

_____
Signature of Notary Public

Name: _____

Notary No.: _____ ; My commission expires: _____

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SPOUSAL AFFIDAVIT (Only complete if non-spouse beneficiary above named.)

State of Louisiana, Parish of _____.

On this _____ day of _____, 20____, personally came and appeared _____ (spouse/affiant), who after being duly sworn did depose and state as follows:

I acknowledge that my spouse (PERS member) has made the above beneficiary designation and I understand it. This election is made with my full knowledge and consent.

Affiant Name: _____ Signature: _____

Affiant's Social Security Number: _____

_____
Signature of Notary Public

Name: _____

Notary No.: _____ ; My commission expires: _____