



CHANGE OF BENEFICIARY FORM

State of Louisiana

Parish of _____

KNOW THAT ALL MEN BY THESE PRESENTS:

THAT I, the undersigned, do hereby designate, _____
(name of beneficiary)

whose address is _____
and whose relationship to me is that of _____
, and whose date of birth is _____ as the beneficiary to whom
I request the Board of Trustees of the Parochial Employees' Retirement System to pay, in the
event of my death before retirement, the total amount of the accumulated contributions standing
to my credit in the retirement system.

I understand that this designation supersedes, and renders null and void, the designation
of _____ as my beneficiary, under this date of _____.

I am acknowledging that my PERS account may contain funds subject to Louisiana community
property laws, and by my signature below hold PERS, its staff, and trustees harmless and
indemnify them from any liability connected to this voluntary change of beneficiary.

Member Signature

Member Social Security Number

BEFORE ME, the undersigned authority personally came and appeared:

who declared to me, Notary, in the presence of the above and hereunder subscribed competent
witnesses, that he signed the above and foregoing designation of beneficiary, as his own free act
and deed, for the use and purposes herein set forth.

DONE AND SIGNED IN _____, **State of Louisiana**, this _____ day of
_____, 20____.

WITNESSES:

NOTARY PUBLIC

Notary #: _____

My commission expires: _____