



PAROCHIAL EMPLOYEES'  
RETIREMENT SYSTEM OF  
LOUISIANA

Please provide a copy of the following  
along with your application:

1. Driver's License and Social Security Card
2. Updated Electronic Deposit Form – must include voided check or letter from bank.
3. Updated W-4P for federal withholding
4. Retiree's Death Certificate

## APPLICATION FOR BENEFICIARY BENEFIT DUE TO DEATH OF A RETIREE

### SECTION 1: BENEFICIARY INFORMATION (Application Must Be Completed in Full)

Name	Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Mailing Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone	
<input type="text"/>	<input type="text"/>	
Beneficiary Signature	Date	
<input type="text"/>	<input type="text"/>	

### SECTION 2: RETIREE INFORMATION

Retiree Name	Date of Birth	Date of Death	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 3: NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_, parish/county of, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public (Signature)

Notary ID # or Bar Roll #

Notary Public Name

Commission Expires



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**NOTICE:**  
All changes made after the  
15th will take effect in the  
following month.

## AUTHORIZATION FOR DIRECT DEPOSIT

**Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution**

### BENEFIT RECIPIENT'S INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Last 4 Digits of SSN:		Phone Number:
Email Address:		

### ACCOUNT INFORMATION

Name of Financial Institution:		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution</b>		
Account Number:	Routing Number: (Must Be 9 Digits)	
Address of Financial Institution:		
City:	State:	Zip Code:
If Joint Account, Name of Joint Signer:		

I hereby authorize Parochial Employees' Retirement System (PERS) to deposit my net benefit payment to my account at the financial institution designated above and, if necessary, to initiate withdrawals to correct erroneous deposit entries to my account listed above. I understand that it is my responsibility to notify PERS should any changes occur to the above account specified. This authorization remains in effect until another signed Authorization for Direct Deposit is completed and received by PERS terminating or changing payment instructions. By signing below, I certify the following: 1) that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S.; 2) that I am entitled to the payment identified herein; and 3) that I understand the provisions and obligations contained herein.

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Signature of Benefit Recipient

Date of Signature