

# Registrars of Voters Employees' Retirement System

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## Beneficiary Designation Form

<b>Section 1 – Personal Information</b>			
Member's Name (Last, First, MI, Suffix)		Social Security Number	
<b>Section 2 – All Children (Natural or Legally Adopted)</b>			
Name (Last, First, MI, Suffix)	Date of Birth (MM/DD/YYYY) / /	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name (Last, First, MI, Suffix)	Date of Birth (MM/DD/YYYY) / /	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name (Last, First, MI, Suffix)	Date of Birth (MM/DD/YYYY) / /	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Section 3 – Designation of Principal Beneficiary</b>			
The execution of the "Designation of Beneficiary" by the member is not mandatory, however if completed, may be withdrawn, refiled or amended by the member only by executing a replacement beneficiary form at any time prior to the member's death. I do hereby designate the following individual(s) as beneficiary(ies) whom I request the Board of Trustees of the Registrars of Voters Employees' Retirement System (ROVERS) to pay, in the event of my death before retirement, the total amount of the accumulated contributions or any other amount payable on behalf of the member not otherwise designated, if any, that is owed.			
Name (Last, First, MI, Suffix)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth – enter as MM/DD/YYYY / /	
Street Address, City, State, Zip	Relationship To Member	Social Security Number	Percentage(if multiple) %
Name (Last, First, MI, Suffix)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth – enter as MM/DD/YYYY / /	
Street Address, City, State, Zip	Relationship To Member	Social Security Number	Percentage(if multiple) %
Name (Last, First, MI, Suffix)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth – enter as MM/DD/YYYY / /	
Street Address, City, State, Zip	Relationship To Member	Social Security Number	Percentage(if multiple) %
<b>Section 4 – Signatures</b>			
Please initial the following statements:			
<p>_____ I, the above named member, hereby certify that the foregoing statements are true to the best of my knowledge and understand that I must notify ROVERS of changes such as: additional children or change in principal beneficiary. I understand that the designations contained within this form can only be changed by executing a Change of Beneficiary Designation form at a later date. I understand that if more than one Beneficiary Designation Form or Change of Beneficiary Designation Form has been provided to ROVERS, payments will be made in accordance with the form received by ROVERS on the latest date.</p> <p>_____ I hereby authorize the Board of Trustees of ROVERS to make payment to the beneficiary(ies) that I have mentioned above and agree on behalf of myself and my heirs, that the payment made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on the account related to the benefit, unless benefits are payable to a surviving spouse and/or children in accordance with the rules and regulations prescribed by Title 11 of the Louisiana Revised Statutes and the Board of Trustees for ROVERS. I hereby direct that, should I survive the before mentioned beneficiary(ies), the amount which otherwise would have been payable to the beneficiary(ies) shall be paid to my estate, or to such other beneficiary as I shall hereafter nominate by written &amp; notarized designation.</p> <p>_____ I hereby certify that, in addition to this form, I have completed and provided an application for membership form to ROVERS.</p>			
_____ Employee's Signature (to be witnessed by Registrar*)		_____ Date	
Reviewed and certified correct to the best of my knowledge and belief and witnessed signature of applicant.			
_____ Printed Name of Registrar*		_____ Signature of Registrar*	
		_____ Date	
<b>For Retirement Office Use Only</b>			
Entered in IPAS by: _____		Date: _____	

\* If applicant is the Registrar, this section should be completed by the Chief Deputy.