

Registrar of Voters Employees' Retirement System

Lorraine C Dees, Director
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Jennings, La 70546
Facsimile 1 337 824 9187

Telephone 1 800 510 8515



Date: _____

Registrar of Voters Employees Retirement System
Attn: Lorraine C Dees
PO Box 57
Jennings, LA 70546

RE: Beneficiary Change

I, _____, am requesting my beneficiary be changed

from _____ to:

Name _____

Name _____

DOB _____

DOB _____

SSN _____

SSN _____

Address _____

Address _____

City/State _____

City/ State _____

Zip _____

Zip _____

Relationship: _____

Relationship: _____

Beneficiary % _____

Beneficiary % _____

Name _____

Name _____

DOB _____

DOB _____

SSN _____

SSN _____

Address _____

Address _____

City/State _____

City/ State _____

Zip _____

Zip _____

Relationship: _____

Relationship: _____

Beneficiary % _____

Beneficiary % _____



Please include copies of Social Security Cards for each one.

Signature of Employee

Employee SSN

Employee DOB

Sworn to and subscribed before me this _____ day of _____, 2013.

Notary Public