

PLAN "A"
PERSONAL HISTORY

To: PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM
P.O. BOX 14619
BATON ROUGE, LOUISIANA 70898-4619

PLEASE PRINT FULL NAME:

Mr. _____
Mrs. _____
Miss _____
First Name Middle or Maiden Name Last Name

ADDRESS: _____
Number Street or PO Box Number City State Zip

SEX: (Check one) () MALE () FEMALE **MARITAL STATUS:** (Check one) () SINGLE () MARRIED

DATE OF BIRTH: _____ **EMPLOYEE'S SOCIAL SECURITY NO.** _____
Month Day Year

*******IF OVER THE AGE 55 AT THE TIME OF EMPLOYMENT THE ELECTION FORM FOR NEW EMPLOYEES AGE 55 OR OLDER MUST BE ATTACHED*******

DESIGNATION OF PRIMARY BENEFICIARY

I do hereby designate _____ whose address is _____
(Name of beneficiary)
_____ whose Social Security Number is _____ whose Date of Birth is _____

and whose relationship to me is that of _____ as beneficiary to whom I request the Board of Trustees of the Parochial Employees' Retirement System of Louisiana to pay, in the event of my death before retirement, the total amount of the accumulated contributions and death benefit, if any, standing to my credit in the Retirement System. **(If you name your SPOUSE as your Primary Beneficiary please attach a copy of your marriage license)**

SECONDARY BENEFICIARY INFORMATION

NAME _____ RELATIONSHIP TO MEMBER _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

I hereby authorize the Board of Trustees of the Retirement System to make payment to the beneficiary whom I have above nominated and agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that, should I survive the before mentioned beneficiary, the amount which otherwise would have been payable to the beneficiary shall be paid to my estate, or to such other beneficiary as I shall hereafter nominate by written designation filed with the Parochial Employees' Retirement System of Louisiana in accordance with the rules and regulations prescribed by the Board of Trustees.

DATE OF MEMBERSHIP: _____
(REQUIRED - DATE EMPLOYER BEGAN WITHHOLDING CONTRIBUTIONS)

DATE OF HIRE _____ **JOB TITLE** _____

NAME OF EMPLOYING PARISH OR AGENCY _____

I HEREBY CERTIFY THAT THE FORGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE OF MEMBER _____ **DATE OF SIGNATURE** _____

SIGNATURE OF AUTHORIZED PARISH OR AGENCY REPRESENTATIVE _____ **DATE** _____

PERSONS WHO WORK LESS THAN 28 HOURS PER WEEK ARE NOT ELIGIBLE FOR MEMBERSHIP