

PLAN "B"  
**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.

**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:** \_\_\_\_\_  
(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** \_\_\_\_\_