RS-2
REV.2018

CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET,
CITY HALL, ROOM 1E12
NEW ORLEANS, LA 70112
(504) 658-1850

BENEFICIARY DESIGNATION

INSTRUCTIONS: This form is designed for multipurpose use and for automated input.

PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES. **INCOMPLETE OR ALTERED FORMS WILL BE RETURNED TO THE DEPARTMENT FOR COMPLETION OR CORRECTION.**

SECTION I - MEMBER INFORMATION

NAME: LAST FIRST MI SUFFIX(JR., III, ETC.)

STREET/P.O. BOX

CITY STATE ZIP

SOCIAL SECURITY NUMBER __/__/__/ - /__/__/ - /__/__/__/__ DATETE OF BIRTH _____/_____/_____

The following beneficiary designation(s) will replace **ALL** previous choices, if any. I designate the following as my primary **beneficiary or estate or non-profit organization** which will become effective at the time filed with the City of New Orleans Employees" Retirement System (NOMERS).

SECTION II - PRIMARY BENEFICIARY

The person named as primary beneficiary will receive any payment which may be due from the NOMERS in the event of my death. Upon the death of the primary beneficiary, the interest shall be pass to the contingent beneficiary (ies), if any.
I hereby designate the following person as my primary beneficiary.

NAME: LAST FIRST MI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER

__/__/__/ - /__/__/ - /__/__/__/__

STREET/P.O. BOX

CITY STATE ZIP

DATE OF BIRTH

__/__/__

MO DAY YR

RELATIONSHIP_____

SECTION III - ADDITIONAL BENEFICIARY (IES) PRIMARY _____CONTINGENT_____

PLEASE use the space below to name any additional beneficiary (ies) . **Please indicate whether primary or contingent beneficiary (ies**)
Please place an (X) through any used spaces.

NAME: LAST FIRST MI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER

__/__/__/ - /__/__/ - /__/__/__/__

STREET/P.O. BOX

CITY STATE ZIP

DATE OF BIRTH

__/__/__

MO DAY YR

RELATIONSHIP_____

SEE REVERSE SIDE

SECTION III - ADDITIONAL BENEFICIARY (IES) **PRIMARY _____CONTINGENT_____**

PLEASE use the space below to name any additional beneficiary (ies). **Please indicate whether primary or contingent beneficiary (ies**)
Please place an (X) through any used spaces.

NAME: LAST FIRST MI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER

_____ ___/___/___-/___/___-/___/___/___/

STREET/P.O. BOX

_____ DATE OF BIRTH

CITY STATE ZIP

_____ _____/_____/_____

MO DAY YR

RELATIONSHIP_____

PRIMARY _____CONTINGENT_____

PLEASE use the space below to name any additional beneficiary (ies) . **Please indicate whether primary or contingent beneficiary (ies**)
Please place an (X) through any used spaces.

NAME: LAST FIRST MI SUFFIX (JR., III, ETC.) SOCIAL SECURITY NUMBER

_____ ___/___/___-/___/___-/___/___/___/

STREET/P.O. BOX

_____ DATE OF BIRTH

CITY STATE ZIP

_____ _____/_____/_____

MO DAY YR

RELATIONSHIP

With this designation (s), I hereby request that NOMERS to pay, in the event of my death before retirement pension, the total amount of my contributions.

I understand that the lump sum payment of my contributions shall be paid to my named beneficiary (ies) or estate only if no monthly benefits are payable to my surviving spouse in accordance with Chapter 114.

I hereby authorize the NOMERS to make payment to my beneficiary (ies) whom I have designated and agree, on behalf of myself and heirs and assigns, that payment and acceptance of any such refund to my designated beneficiary (ies), if any or my estate shall discharge all obligations of the NOMERS on account of any creditable service rendered prior to payment of the refund and shall constitute a release of all accrued rights of every kind and nature against NOMERS. 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 in accordance with the rules and regulations prescribed by the Board of Trustees.

EMPLOYEE'S SIGNATURE_____ **DATE SIGNED** _____/_____/_____

MO DAY YR

(DO NOT PRINT OR TYPE)

MUST BE WITNESSED BY PERSON OTHER THAN BENEFICIARY (IES)

_____ _____

SIGNATURE OF WITNESS SIGNATURE OF WITNESS

_____ _____

STREET ADDRESS/P.O. BOX STREET ADDRESS/P.O. BOX

_____ _____

CITY STATE ZIP CITY STATE ZIP