

**FIREFIGHTERS' RETIREMENT SYSTEM
PO BOX 94095
BATON ROUGE, LA 70804-9095**

DROP/IBO BENEFICIARY

NAME: _____

SOCIAL SECURITY NUMBER: _____

PRIMARY DROP BENEFICIARY:

(MAY LIST MORE THAN ONE; USE ADDITIONAL PAGE IF NECESSARY)

NAME: _____

SOCIAL SECURITY NUMBER: _____

RELATIONSHIP: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

SECONDARY DROP BENEFICIARY(S):

(WILL ONLY BE PAID IF PRIMARY BENEFICIARY(S) PREDECEASE)

NAME: _____

SOCIAL SECURITY NUMBER: _____

RELATIONSHIP: _____ **DATE OF BIRTH:** _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

RELATIONSHIP: _____ **DATE OF BIRTH:** _____

(USE ADDITIONAL PAGES IF NECESSARY)

SIGNATURE

DATE