



# CHANGE OF NAME AND/OR CHANGE OF BENEFICIARY PRIOR TO RETIREMENT

**\*\* This form is to be used for name and/or beneficiary changes prior to retirement. For possible changes after retirement, please use the LRS-5R Retiree Beneficiary Form.**

PLEASE PRINT

\_\_\_\_\_, LAGERS Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Full Name of Employee

Employee Classification \_\_\_\_\_ employed by \_\_\_\_\_  
General/Police/Fire Name of Political Subdivision

## 1. NAME CHANGE SECTION

I do hereby request that my name be changed to \_\_\_\_\_.  
Print Full Name

## 2. BENEFICIARY CHANGE SECTION

I do hereby revoke and cancel any and all previous beneficiary designations and direct the Board of Trustees of the Missouri Local Government Employees Retirement System (LAGERS) to pay the accumulated contributions standing to my credit in event of my death before retirement to: (If you wish to nominate more than one beneficiary to share equally in your accumulated contributions, if any, in the event of your death, please list them on the back of this form.)

\_\_\_\_\_  
Full Name of Beneficiary Street City State Zip

my \_\_\_\_\_ whose birth date is \_\_\_\_\_, if living at the time of my death,  
Relationship to Beneficiary Month/Day/Year

**otherwise** to my contingent beneficiary \_\_\_\_\_  
Full Name Street City State Zip

my \_\_\_\_\_, whose birth date is \_\_\_\_\_.  
Relationship to Beneficiary Month/Day/Year

## 3. SIGNATURE SECTION

**I DECLARE THE ABOVE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Witness

Date \_\_\_\_\_  
Month/Day/Year

**LRS-5M (Member) Missouri Local Government Employees Retirement System (LAGERS)**

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I hereby direct the Board of Trustees of the Missouri Local Government Employees Retirement System (LAGERS) to divide my accumulated contributions equally between as many of the persons listed below as may be living at the time of my death.

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_, whose birth date is \_\_\_\_\_  
Relationship Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_, whose birth date is \_\_\_\_\_  
Relationship Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_, whose birth date is \_\_\_\_\_  
Relationship Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_, whose birth date is \_\_\_\_\_  
Relationship Month/Day/Year

**I DECLARE THE ABOVE STATEMENT TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Witness

Date \_\_\_\_\_  
Month/Day/Year