

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

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**DROP/IBO BENEFICIARY**

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**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

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**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)

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**SIGNATURE**

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**DATE**