

RICHLAND PARISH SCHOOL BOARD
411 FOSTER STREET/ PO BOX 599
RAYVILLE, LA 71269

**TEACHERS RETIREMENT ADDITIONAL BENEFICIARIES
(addendum to beneficiary form)**

3. Name: _____

SSN#: _____ Relationship: _____

Percentage of Insurance: _____

4. Name: _____

SSN#: _____ Relationship: _____

Percentage of Insurance: _____

5. Name: _____

SSN#: _____ Relationship: _____

Percentage of Insurance: _____

Signed this _____ day of _____, _____.

Signature