

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA
7937 OFFICE PARK BOULEVARD
BATON ROUGE, LOUISIANA 70809
FAX: 225-925-4816

PERSONAL INFORMATION CHANGES

I WISH THE MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM TO MAKE THE FOLLOWING CHANGES TO MY RETIREMENT ACCOUNT. **COMPLETE ONLY INFORMATION THAT HAS CHANGED.**

ADDRESS CHANGE:

MARITAL STATUS CHANGE:

(CHECK ONE)

MARRIED

WIDOWED

DIVORCED (must attach copy of divorce decree)

BENEFICIARY CHANGE:

NAME: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

SOCIAL SECURITY NO. _____

ADDRESS: _____

NAME CHANGE: _____

Name: _____

Municipality: _____ Email: _____

Signature: _____ Date: _____

Member SSN (last 4 digits only): _____ Phone No. _____

THIS FORM MAY BE FAXED OR MAILED TO THE ABOVE ADDRESS.