

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA  
7937 OFFICE PARK BOULEVARD  
BATON ROUGE, LOUISIANA 70809

**RETIREE UPDATE FORM**

I WISH THE MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM TO MAKE THE  
FOLLOWING CHANGES TO MY RETIREMENT ACCOUNT.

**CHANGE OF NAME:**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**CHANGE OF ADDRESS:**

FROM: \_\_\_\_\_

\_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_

**DEATH OF BENEFICIARY  
PLEASE ATTACH CERTIFIED COPY OF DEATH CERTIFICATE**

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

DATE OF DEATH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SOCIAL SECURITY NO. (last 4 digits only) \_\_\_\_\_

\_\_\_\_\_  
MUNICIPALITY PRINT NAME OF RETIREE

\_\_\_\_\_  
DATE SIGNATURE OF RETIREE

\_\_\_\_\_  
RETIREE SOCIAL SECURITY NO.  
(last 4 digits only)

**THE ORIGINAL FORM MUST BE MAILED TO THE ABOVE ADDRESS.**