

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 COPY OF DEATH CERTIFICATE**

NAME: _____

DATE OF DEATH: _____ RELATIONSHIP: _____

SOCIAL SECURITY NO. _____

MUNICIPALITY PRINT NAME OF RETIREE

DATE SIGNATURE OF RETIREE

RETIREE SOCIAL SECURITY NO.

THE ORIGINAL FORM MUST BE MAILED TO THE ABOVE ADDRESS.