

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

PERSONAL INFORMATION CHANGES

I request that the Municipal Employees' Retirement System make the following changes to my retirement account:

COMPLETE ONLY INFORMATION THAT NEEDS TO BE CHANGED.

NEW ADDRESS:

MARITAL STATUS CHANGE:

(CHECK ONE)

MARRIED

WIDOWED

DIVORCED (must attach copy of divorce decree)

CURRENT NAME: _____

NEW NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

EMPLOYER: _____

PRINT MEMBER NAME: _____

MEMBER SIGNATURE: _____ DATE: _____

MEMBER SSN (last 4 digits only): _____

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