



REQUEST FOR CONTRIBUTION BALANCE

MEMBER'S INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Last 4 Digits of SSN:		Date of Birth:
Phone Number:	Email Address:	

MEMBER REQUEST AND SIGNATURE

I am requesting my contribution balance with the retirement system at your earliest convenience.

I understand that I may not access these funds unless I terminate employment.

Select one:

- ☐ Please send this information to me at my email address above.
- ☐ Please send this information to me at my mailing address above.
- ☐ Please fax this information to me at (_____) _____.

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Signature of Member

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Date of Signature

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