



## REQUEST FOR INCOME VERIFICATION

### 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 an income verification letter of my monthly retirement benefits at your earliest convenience.

**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**

7937 OFFICE PARK BOULEVARD • BATON ROUGE, LOUISIANA 70809  
TELEPHONE 225-925-4810 • 800-820-1137  
FACSIMILE 225-925-4816 • WWW.MERSLA.COM