



PERSONAL INFORMATION UPDATE

MEMBER'S INFORMATION

Name:	Last 4 Digits of SSN:
<input type="checkbox"/> ACTIVE MEMBER <input type="checkbox"/> TERMINATED/VESTED MEMBER <input type="checkbox"/> RETIRED MEMBER <input type="checkbox"/> BENEFICIARY <input type="checkbox"/> EX-SPOUSE	

ADDRESS CHANGE

FORMER Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	
CURRENT Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	

NAME CHANGE

Name Change From:
Name Change To:
Attach copy of social security card

MARITAL STATUS CHANGE

<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED
Attach copy of Marriage License	Attach copy of Death Certificate	Attach copy of Judgment of Divorce

I hereby request that my information be changed as designated above.

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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