



### Louisiana State Employees' Retirement System

www.lasersonline.org  
DO NOT FAX FORM

P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 Toll-Free 1-800-256-3000

## Change of Name

PRINT OR TYPE ALL INFORMATION

Member's First Name	Middle	Last	Today's Date (MMDDYYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section.

### SECTION 1: MEMBER INFORMATION

Member's Mailing Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like your address changed to the one listed above if it does not agree with the address on our records?  Yes  No

Check One:

Active

Retired

DROP Participant

Member's Birthdate (MMDDYYYY)	Daytime Area Code and Telephone Number	Evening Area Code and Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-Mail Address
<input type="text"/>

### SECTION 2: CHANGE OF NAME

I request that my name be changed as follows:

Check One:

Active, Membership Change

Retirement Benefit (Maximum Option & Option 1)

DROP Balance

Name Changed From	Name Changed To	Date (MMDDYYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 3: MEMBER CERTIFICATION

I hereby request that my name be changed and I have attached a **SIGNED SOCIAL SECURITY CARD COPY WITH CORRECT NAME.**

Member's Signature	Date (MMDDYYYY)
<input type="text"/>	<input type="text"/>

### SECTION 4: AUTHORIZATION, IF NECESSARY

**Only complete this section if you sign with an "X" or your signature has changed due to health reasons. You must sign in the presence of either a LASERS representative or a Notary Public in one of the areas below.**

WITNESSED BY: \_\_\_\_\_  
LOUISIANA STATE EMPLOYEES' RETIREMENT SYSTEM Employee (*Signature*)      LASERS Employee (*Type or Print*)

**OR**

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_, parish/county of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(affix seal here)

\_\_\_\_\_  
NOTARY PUBLIC (Signature)

\_\_\_\_\_  
NOTARY PUBLIC (Type, print or stamp name)      Notary ID # or Bar Roll #

Commission Expires: \_\_\_\_\_