



Louisiana State Employees' Retirement System

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

www.lasersonline.org

DO NOT FAX FORM

PRINT OR TYPE ALL INFORMATION

Change of Address

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

SECTION 1: MEMBER INFORMATION

Check One: Active Retired DROP Participant

Member's First Name, Middle, Last, Today's Date (MM/DD/YYYY), Social Security Number, Member Email Address, Daytime Area Code and Telephone Number, Evening Area Code and Telephone Number, Member's Birthdate (MM/DD/YYYY)

SECTION 2: RECIPIENT INFORMATION

Recipient's First Name, Middle, Last, Recipient's Birthdate (MM/DD/YYYY), Recipient's Social Security Number, Recipient's Email Address, Daytime Area Code and Telephone Number, Evening Area Code and Telephone Number

SECTION 3: ADDRESS CHANGE

I request that my address be changed as follows:

Check all that apply: Active, Membership Change Retired, Retirement Benefit Retired, DROP Balance Recipient, benefit

Former Home Mailing Address, New Home Mailing Address, City, State, ZIP, Agency Name, Agency Number (3-digits), Email Address Change, if applicable

SECTION 4: MEMBER CERTIFICATION

Please print and sign this form. Mail the form to LASERS at the above address.

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

Member's Signature, Date (MM/DD/YYYY)

SECTION 5: AUTHORIZATION, IF NECESSARY

Only complete this section if signing 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 Name (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 _____.

NOTARY PUBLIC (Signature), Notary ID # or Bar Roll #

(affix seal here)

NOTARY PUBLIC (Type, print or stamp name), Commission Expires: _____

RETAIN COPY FOR YOUR RECORDS