

LOUISIANA ASSESSORS' RETIREMENT FUND  
P.O. Box 14699  
Baton Rouge, La. 70898-4699  
Phone (800)925-4446 (225) 928-8886 Fax (225) 928-4677

**MEMBER'S REQUEST FOR CHANGE FORM**

Member's Name: (Last, First, M.I.)
Social Security Number: _____ - _____ - _____ Parish: _____
I hereby request the following Change(s) EFFECTIVE: _____/_____/_____

**Change of Marital Status and/or Name Change:** (Provide copy of Marriage Certificate and/or true copy of Court Order, Judgment of Divorce)  
(Certain rights are provided to surviving spouses under the Assessors' Retirement Fund. It is important to keep the fund apprised of any changes in marital status.)

Marital Status Change to: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed (Provide Death Certificate)
Name change From: _____ To: _____
If change is due to marriage, provide: Spouse's Name: _____ Address: _____ Social Security Number: _____ - _____ - _____ Date of Birth: _____/_____/_____

**Request for Change of Address/Phone Number:**

Old Address: _____
New Address: _____
Phone number: (_____) _____ Cell Phone number: (_____) _____ Email: _____

**Request for Beneficiary Change: (must be witnessed by 2)**

(This cannot be used to change beneficiary designation under an irrevocable retirement election pursuant to Option 2, Option 3 or Option 4.)

Beneficiary's Name: _____
Beneficiary's Address: _____
Beneficiary's Date of Birth: _____/_____/_____ Social Security Number _____ - _____ - _____
Relationship: _____ (Spouse, child, mother, father, etc)

**Employee Signature for All Changes:**

Employee/Retiree Signature: _____ Date: _____/_____/_____
Witness: _____ Date: _____/_____/_____
Witness: _____ Date: _____/_____/_____