

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: _____ Single _____ Married _____ Divorced _____ 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) Sex: <u>Male/Female</u>

Employee Signature for All Changes:

Employee/Retiree Signature: _____ Date: _____/_____/_____
<i>Request for Beneficiary Change requires 2 witnesses</i>
Witness: _____ Date: _____/_____/_____
Witness: _____ Date: _____/_____/_____