



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: Member has not yet retired. Retired: Member is receiving a monthly retirement benefit. DROP Participant: Member has selected DROP and has not yet terminated employment. Today's Date (MM/DD/YYYY) Social Security Number Member's First Name Middle Last 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 Social Security Number Recipient's E-mail Address Daytime Area Code and Telephone Number Evening Area Code and Telephone Number Recipient's Birthdate (MM/DD/YYYY)

SECTION 3: ADDRESS CHANGE

I request that my address be changed as follows; Check all that apply: Active: This selection will change your address if you are an active member of LASERS. Retired: This selection will change your address for all: retirement correspondence, monthly retirement benefits checks and monthly LASERS DROP/IBO account checks. LASERS DROP/IBO Account: This selection will change your address for the monthly LASERS DROP/IBO account checks and LASERS DROP/IBO account information ONLY. The address on your monthly retirement benefit check will not be changed. Recipient: This selection will change your address for all correspondence, all monthly benefit checks and all monthly LASERS DROP/IBO account checks. Former Home Mailing Address New Home Mailing Address City State ZIP Agency Name Agency Number (3-digits) E-mail 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/Recipient'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 _____.

(affix seal here)

NOTARY PUBLIC (Signature)

Notary ID # or Bar Roll #

NOTARY PUBLIC (Type, print or stamp name)

Commission Expires: _____

RETAIN COPY FOR YOUR RECORDS