



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017  
 PO Box 94123 • Baton Rouge, LA 70804-9123  
 Telephone: (225) 925-6446 • Fax: (225) 925-4779  
 www.trsl.org

Form 2NC (07/08)

**01-NC**

## Active Member Name Change Request

Print in ink or type all entries except signatures.

Member information																					
New Name: Last, first, MI, suffix (Jr., III, etc.)																					
Previous Name: Last, first, MI, suffix (Jr., III, etc.)																					
Daytime telephone ( ) ( )																					
Evening telephone ( ) ( )																					
Social Security number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					

Signature of authorization*	
Signature of member or authorized agent (Do not print or type)	Date signed (mm-dd-yyyy)
▶	

**\*If you sign with an "X," this authorization must be witnessed**

We, \_\_\_\_\_ and \_\_\_\_\_, the undersigned competent witnesses,  
 hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our presence this \_\_\_\_\_ day of \_\_\_\_\_  
 (Month) (Year)

Signature of witness (Do not print or type)	Signature of witness (Do not print or type)
▶	▶
Street / P.O. Box	Street / P.O. Box
City, state, zip	City, state, zip