



DO NOT FAX FORM  
PRINT ALL INFORMATION  
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213  
255.922.0600 · Toll-Free 1.800.256.3000

### Application for Waiver of Electronic Funds Transfer Requirement

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section. All dates should be in MM/DD/YYYY format.

#### SECTION 1: PAYEE'S STATEMENT (To be completed by applicant)

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like your address changed to the above listing, if it does not agree with the address on our records? **Check one:**  
 Yes  No

Daytime Area Code/Telephone Number	Evening Area Code/Telephone Number	Member's Birth Date	<b>Check one:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="text"/>	<input type="text"/>	<input type="text"/>	

E-mail Address  Are you currently married?  Yes  No

#### SECTION 2: INSTRUCTIONS

Any benefit payable by LASERS to an eligible payee shall be paid through an electronic funds transfer. Any person may seek an exception to this payment method if he or she, or his/her legal guardian, can certify to one of the following **in the presence of a Notary Public**.

#### SECTION 3: ELECTRONIC FUNDS TRANSFER EXCEPTION REASON

CHECK ALL THAT APPLY.

Payment by electronic funds transfer would impose:

- I do not have an account with a financial institution.
- Hardship due to a physical disability.
- Hardship due to a geographic barrier.
- Financial hardship.

#### SECTION 4: PAYEE'S SIGNATURE (Sign in presence of a Notary Public)

I certify that the above is true.

Payee's Signature	Payee's Social Security Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number

[Empty box for Social Security Number]

**SECTION 5: NOTARIZED SIGNATURE REQUIRED**

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of \_\_\_\_\_

parish/county of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC (Signature)

(affix seal here)

\_\_\_\_\_  
NOTARY PUBLIC (Type, print or stamp name)      Notary ID # or Bar Roll #

Commission Expires: \_\_\_\_\_