Form 1-07
R022020

PRINT ALL INFORMATION
www.lasersonline.org

LASERS
Louisiana State Employees' Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856

NAMECHG

Change of Name

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number

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

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Member's Birth Date

SECTION 2: CHANGE OF NAME

Check one: ☐ **Retired Member** ☐ **DROP Participant** ☐ **Beneficiary of a Retired Member**

☐ **Inactive Member**

Actively employed members should contact their Human Resources representative to report the change of name.

Name changed FROM	Name changed TO

SECTION 3: MEMBER SIGNATURE

I hereby request that my name be changed and I have attached a copy of my Social Security card showing the correct name.

Member's Signature	Date

Reset Form