



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

Request for Research of Refundable Contributions

Processing your request may require a microfilm search to verify member information. Your request will be processed in the order in which it was received. Please allow 60 - 90 days for our written response.

SECTION 1: REQUESTOR'S INFORMATION

Name of Person Requesting Information		Relationship to Member:		
<input type="text"/>		<input type="checkbox"/> Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent
		<input type="checkbox"/> Child	<input type="checkbox"/> Other _____	
Mailing Address		City	State	Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Email Address	Today's Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

SECTION 2: MEMBER'S INFORMATION

Member's First Name	Middle Name	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden name (if applicable)	Member's Birth Date	Member's Date of Death (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
State agency where member was employed	Approximate dates of employment (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		
Member's Job Title	Approximate dates of refunds, if applicable (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		
Did the member ever contribute to another Louisiana public retirement system?	<input type="checkbox"/> Yes	If yes, what was the name of that system?	
	<input type="checkbox"/> No	<input type="text"/>	

SECTION 3: SIGNATURE

I certify that to the best of my knowledge a refund of employee contributions or a retirement benefit from LASERS was not received.

Requestor's/Member's Signature	Date
<input type="text"/>	<input type="text"/>