



PRINT ALL INFORMATION
www.lasersonline.org

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

Request for Contribution/Income Verification

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: CONTACT INFORMATION

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code/Phone Number	Evening Area Code/Phone Number	Email Address	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: INSTRUCTIONS

Please indicate which type of verification you are requesting (check all that apply):

ACTIVE MEMBER:

- Contribution Balance
- DROP Balance
- Refund Amount

RETIRED MEMBER:

- Disability Income
- Disability Income with Deductions
- DROP Balance/Distribution
- Retirement Income
- Retirement Income with Deductions

SURVIVOR/BENEFICIARY:

- Survivor/Beneficiary Income
- Survivor/Beneficiary Income with Deductions

SECTION 3: SIGNATURE

I certify that the above request is for my personal account information.

Signature	Date
<input type="text"/>	<input type="text"/>