



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

**Payee Type:**

- Retiree
- Beneficiary/Survivor/Alternate Payee

**Application for Waiver of Electronic Funds Transfer Requirement**

<b>Payee's First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Today's Date</b>	<b>Social Security Number</b>
<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)**

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

<b>Home Area Code/Phone Number</b>	<b>Mobile Area Code/Phone Number</b>	<b>Email Address</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Date of Birth**

Would you like your address, phone number(s), and email address changed to the above?  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.

Social Security Number

[Empty box for Social Security Number]

**SECTION 4: PAYEE'S NOTARIZED SIGNATURE**

I certify that the above is true.

Payee's Signature

[Empty box for Payee's Signature]

Payee's Social Security Number

[Empty box for Payee's Social Security Number]

Date

[Empty box for Date]

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: \_\_\_\_\_