



Teachers' Retirement System of Louisiana

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Form 16NC (09/10)

00-16

ORP Member Name Change Request

Print in ink or type all entries except signatures.

Member information

New Name: Last, first, MI, suffix (Jr., III, etc.)

New name should match name on card.

Social Security number

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Previous Name: Last, first, MI, suffix (Jr., III, etc.)

Daytime telephone
()

Evening telephone
()

Signature of authorization*

Signature of member or authorized agent (Do not print or type)

Date signed (mm-dd-yyyy)

***If you sign with an "X," this authorization must be witnessed**

We, _____ and _____, the undersigned competent witnesses,
hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our presence this _____ day of _____
(Month) (Year)

Signature of witness (Do not print or type)

Signature of witness (Do not print or type)

Street / P.O. Box

Street / P.O. Box

City, state, zip

City, state, zip