



# Member Name Change Request (Form 2NC)

For retirees and active members

**01-NC**  
rev. 06/24

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779

### RETIRED MEMBERS:

For the security of TRSL benefit recipients, name change requests must be submitted by completing and signing this form. A copy of your **updated** Social Security card must also be provided with the submission of this name change request form. **Electronic signatures are not accepted.**

### ACTIVE MEMBERS (not participating in DROP):

You can change your name online through TRSL's secure Member Access! Once logged in, select "Change Your Name" from the "My Self Service" drop-down menu. With Member Access, you can also view your beneficiary designations and service credit—and access other self-service features, such as creating a benefit estimate or applying for retirement. **If you choose to submit a paper form, please note that electronic signatures are not accepted.**

Section 1 — Member information	
<b>NEW name:</b> Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####) - <i>New name should match card</i> <b>◀ REQUIRED</b>
<b>Previous name:</b> Last, first, MI, suffix (Jr., III, etc.)	<input type="checkbox"/> If a retired member, I've attached a copy of my updated Social Security card.
Daytime telephone number ( <i>include area code</i> )	Email address

Section 2 Employer information ( <i>fill out only if you're an active member</i> )	
Agency name	Date of hire ( <i>mm/dd/yyyy</i> )

Section 3 — Signature of authorization	
<b>REQUIRED SIGNATURE ▶▶</b>	Signature of member or authorized agent ( <b>Please sign with an ink pen.</b> )
	Date signed ( <i>mm/dd/yyyy</i> )