



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	<i>web.master@trsl.org</i>	(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

NEW name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####) - <i>New name should match card</i>	◀ REQUIRED
Previous name: 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 (*fill out only if you're an active member*)

Agency name	Date of hire (mm/dd/yyyy)
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Section 3 — Signature of authorization

REQUIRED SIGNATURE ▶▶	Signature of member or authorized agent (Please sign with an ink pen.)	Date signed (mm/dd/yyyy)