



MEMBER'S REQUEST FOR CHANGE FORM

Active

Retiree

Date:

Members Name: (First, M.I., Last)	Social Security Number:	Employer Parish:
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Home:	Work:	Cell:	Email address:
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REQUEST FOR CHANGE OF MARITAL STATUS:

Please check one that applies:

I am now Married *(Please attach a copy of Marriage Certificate)*

I am now Divorced *(Please attach a copy of Judgment of Divorce)*

Please provide information on your spouse below:

Spouse's Name:	Spouse Date of Birth
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Spouse's Social Security:	
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Spouse's Address: (Number, Street, and/or Apartment Number:)	City and State:	Zip Code:
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REQUEST FOR NAME CHANGE:

My name has been changed by the reason of: _____
(Marriage, Divorce or Court Order)

From:	To:
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REQUEST FOR CHANGE OF ADDRESS/PHONE NUMBERS:

New Address: (Number, Street, and/or Apartment Number:)	City and State:	Zip Code:
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Home:	Work:	Cell:	Email address:
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REQUEST FOR CHANGE OF BENEFICIARY(IES):

Please check all that applies:

Primary Beneficiary

Contingent Beneficiary

Divide Equally

_____ % (each beneficiary)

Beneficiary Name:	Beneficiary's Date of Birth
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Beneficiary's Social Security:	Beneficiary's Relationship to member:
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Beneficiary's Address: (Number, Street, and/or Apartment Number:)	City and State:	Zip Code:
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Space below is provided for additional beneficiary(ies):

Please check all that applies:

Primary Beneficiary

Contingent Beneficiary

Divide Equally

_____ % (each beneficiary)

Beneficiary Name:	Beneficiary's Date of Birth
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Beneficiary's Social Security:	Beneficiary's Relationship to member:
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Beneficiary's Address: (Number, Street, and/or Apartment Number:)	City and State:	Zip Code:
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By signature below, I certify the above to be true and correct:

Employee's Signature:

Date:

Form may be faxed or email to the office but the original form must be mail to our office to be valid. Thank you.