



Louisiana Clerks of Court Retirement and Relief Fund

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816

Phone: (800) 256-6660 • Phone: (225) 293-1162 • Fax: (225) 291-7859

MEMBER'S REQUEST FOR CHANGE FORM

I hereby request the following change(s) **EFFECTIVE:** _____ / _____ / _____
(Month/Day/Year)

Social Security Number:
Members Name: (First, M.I., Last)
Employer Parish:

Request for Change of Name:

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

Request for Change of Address/Phone Numbers:

New Address: (Number, Street, and/or Apartment Number:)
City, State and Zip Code:
Phone Number: (_____) - _____ - _____ (Area Code and Number)

Request for Change of Beneficiary:

Beneficiary's Name:
Beneficiary's Address: _____ _____ _____
Beneficiary's Relationship to member:
Beneficiary's Date of Birth: _____ / _____ / _____ Social Security No.: _____ - _____ - _____

Employee's Signature: _____	Date: _____ / _____ / _____
Witness: _____	Date: _____ / _____ / _____
Witness: _____	Date: _____ / _____ / _____

Forms may be faxed to the office but the original signatures on documents are required by mail for the application to be valid. Thank you.