



FIREFIGHTERS' RETIREMENT SYSTEM

P.O. Box 94095, Capitol Station
Baton Rouge, Louisiana 70804-9095
Telephone (225) 925-4060 • Fax (225) 925-4062



CHANGE OF MAILING ADDRESS

This form is to be used by persons who are receiving monthly benefit checks from this retirement system. This change notice is invalid unless signed by the payee of the benefit and notarized.

SUBMIT THIS CHANGE NOTICE 15 DAYS PRIOR TO THE EFFECTIVE DATE OF THE CHANGE

Effective date of this change _____

Current Mailing Address:

New Mailing Address:

Certification

BEFORE ME, the undersigned authority, came and appeared

_____, who after being duly sworn did depose and say:

I, _____, SSN _____, do declare in the presence of the undersigned witnesses, that the above change of address is correct as stated above.

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the Parish of

_____, 20____.

WITNESS

NOTARY PUBLIC