

FIREFIGHTERS' RETIREMENT SYSTEM
P.O. BOX 94095, CAPITOL STATION
BATON ROUGE, LA 70804-9095

CHANGE DOCUMENT

EFFECTIVE DATE OF CHANGE _____

Member's Name _____ Employed By _____

Social Security No. _____

INDICATE APPROPRIATE CHANGES:

_____ CHANGE OF ADDRESS

New Address: _____

_____ NAME CHANGE to _____

_____ CHANGE OF MARITAL STATUS to _____

_____ CHANGE OF BENEFICIARY

From _____

To _____

Relationship to Member _____ Date of Birth _____

Address _____

Member's Signature

Date

Witness