



# FIREFIIGHTERS RETIREMENT SYSTEM

P.O. Box 94095, Capitol Station  
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## 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