



Louisiana Sheriffs' Pension & Relief Fund

1225 Nicholson Dr. – Baton Rouge, LA 70802
225-219-0500 – Fax: 225-219-0521
www.lsprf.com



Change of Address

PRINT OR TYPE ALL INFORMATION AND UPON COMPLETION, SUBMIT VIA MAIL OR FAX

SECTION 1: MEMBER / RECIPIENT INFORMATION

Check One:

Active Inactive Retired Recipient

Member's First Name Middle Last Social Security Number Date of Birth (MM/DD/YYYY)

Daytime Area Code and Telephone Number Evening Area Code and Telephone Number

Recipient Information – if different than Member
Recipient's First Name Middle Last Social Security Number Date of Birth (MM/DD/YYYY)

SECTION 2: CHANGE OF ADDRESS / CERTIFICATION

Former Mailing Address New Address

City State Zip City State Zip

I hereby certify that the information provided on this form is accurate and request changes to my record as indicated above.

Member's / Recipient's Signature Date (MM/DD/YYYY)

SECTION 3: AUTHORIZATION, IF NECESSARY

If signing with an "X" or your signature has changed due to health reasons, please sign this form in the presence of a Notary Public. If you have granted Power of Attorney to an individual and our office has a copy of the official document on file, he / she may complete this form. A Power of Attorney form specifically pertaining to the Louisiana Sheriffs' Pension Fund is available upon request.

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____
parish/county of _____ this _____ day of _____, 20_____

NOTARY PUBLIC (Signature) Notary ID # or Bar Roll #

(affix seal here)

NOTARY PUBLIC (Type, print or stamp name)

Commission Expires: _____

RETAIN A COPY FOR YOUR RECORDS