

## PERSONAL INFORMATION UPDATE

MEMBER'S INFORMATION						
Name			ast 4 Digit	c of CCNI		
Name:		Ľ	ast 4 Digit	S 01 33IV.		
☐ ACTIVE MEMBER ☐ TERMINATED/VESTED MEMBER ☐ RETIRED MEMBER			ER .	BENEFICIARY	EX-SPOUSE	
	ADDI	RESS CHANGE				
FORMER Mailing Address:						
City:	State:		Zip Code:			
Phone Number:	Email Addre	Email Address:				
CURRENT Mailing Address:						
ŭ						
City:	State: Zip Co		ip Code:	o Code:		
Phone Number:	Email Addre	SS:				
	NAI	ME CHANGE				
Name Change From:						
Name Change To:						
Attach copy of social security card						
	MARITAL	STATUS CHAN	IGE			
		_				
MARRIED		WIDOWED		DIVORCED		
Attach copy of Marriage License	Attach cop	Attach copy of Death Certificate		Attach copy of Judgment of Divorce		
I hearby request that my information l	be changed as de	signated above.				
Signature of Member				Date of Signati	ıre	

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