



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516
Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lasers.net

Form 2AC

5/14

Change of Address Authorization

Please type or print in ink all entries except signatures.

Section 1 - Member Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P.O. Box)				Primary Telephone Number
City, State, and Zip Code				Cell or Secondary Telephone Number
E-mail Address				

Section 2 - Member Signature

Signature of Member or Authorized Agent (Do not print or type)

Date Signed (MM/DD/YYYY)

Note: If authorized agent is signing, please attach the Power of Attorney.

Section 3 - Witness Information (*If you sign with an "X" this section must be completed.)

We, _____ and _____, the undersigned
competent witnesses, hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our
presence this _____ day of _____,
(month) (year)

Signature of Witness (Do not print or type)	Signature of Witness (Do not print or type)
Address (Street/P. O. Box)	Address (Street/P. O. Box)
City, State, and Zip Code	City, State, and Zip Code