

PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM
P O BOX 14619
BATON ROUGE, LA 70898-4619

PERSONAL HISTORY INFORMATION UPDATE

I _____
(PLEASE PRINT NAME)

WISH TO MAKE THE FOLLOWING CHANGES TO MY PERSONAL HISTORY FORM SUBMITTED WHEN I BECAME A MEMBER. THESE CHANGES HAVE OCCURRED SINCE MY EMPLOYMENT.

• **CHANGE OF NAME**

FROM: _____

TO: _____

• **CHANGE OF ADDRESS:**

OLD: _____

_____ CITY STATE ZIP

NEW: _____

_____ CITY STATE ZIP

MARITAL STATUS: _____ MARRIED _____ SINGLE (DIVORCED-WIDOWED-ETC)

• **CHANGE OF PRIMARY BENEFICIARY:**

FROM: _____

TO: _____

NEW BENEFICIARY RELATIONSHIP IS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

MEMBER STATUS: ACTIVE _____ DROP PARTICIPANT _____

EMPLOYEE SIGNATURE

EMPLOYEE SOCIAL SECURITY NO

DATE

PARISH EMPLOYER