

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

I _____ Wish to make the following changes to my Personal History
(PLEASE PRINT NAME) Update form submitted when I became a member.
These changes have occurred since my employment

• **CHANGE OF NAME**

FROM: _____

TO: _____

• **CHANGE OF ADDRESS:**

OLD: _____

NEW: _____

CITY STATE ZIP

CITY STATE ZIP

MARITAL STATUS: _____ MARRIED _____ SINGLE (DIVORCED-WIDOWED-ETC)*if divorced
please submit copy of divorce decree. If spouse is deceased, please submit copy of death certificate

• **CHANGE OF PRIMARY BENEFICIARY:**

FROM: _____ RELATIONSHIP: _____

TO: _____

NEW BENEFICIARY RELATIONSHIP IS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

If your current beneficiary is your spouse and you are still married (not officially divorced), you must have your spouse sign below consenting to this change before a notary in order for this change to be effective.

I _____, spouse of Member, consent to the Change of Primary Beneficiary requested above.

Signature of Spouse

Printed Name of Spouse

Notary Public

EMPLOYEE SIGNATURE

EMPLOYEE SOCIAL SECURITY NO

DATE

PARISH EMPLOYER