

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** (if due to marriage please attach a copy of your Marriage License)

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

- **CHANGE OF ADDRESS:**

OLD: \_\_\_\_\_

NEW: \_\_\_\_\_  
CITY STATE ZIP

NEW: \_\_\_\_\_  
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 not 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