

**MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LA
MERS**

Contribution Balance Request

Date: _____

I, _____ SS#(last 4 digits only) _____
am requesting my contribution balance with the retirement system at your
earliest convenience.

Address: _____

Phone #: _____

(Select one)

Please fax this information to me at _____

Please mail this information to the above address.

Signature

After completing this form, please fax to 225-925-4816 or mail to the
following address:

MERS
7937 Office Park Blvd.
Baton Rouge, LA 70809