

Re: Request for Contribution Balance

Date: _____

Dear Municipal Employees' Retirement System of Louisiana,

I, _____ SS# _____
am requesting my contribution balance with the retirement system at your
earliest convenience. Below is my current mailing address and phone
number if you should need to contact me.

Address: _____

Phone #: _____

(Check one)

_____ Please send this information to me at fax # _____.

_____ Please send this information to my current address above.

Sincerely,

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