

Last Name

First Name

M.I.

Social Security Number

C Signatures and Consent <i>(Signatures must be on the lines provided.)</i>				
Participant Consent <i>(Please sign on the 'Participant Signature' line below.)</i>				
<p>I affirm that the information I have provided on this form is true and correct.</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p>				
Participant Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>				
Signature Notarization <i>(Required if requesting an Address Change or Contact Information Change. May also be witnessed in the Authorized Plan Administrator Signature section below.)</i>				
<p><i>The date of your signature on this form above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. If your notary completes a separate jurat or notarial certificate, you must still sign on the above signature line and enter the date on this form.</i></p> <p>ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.</p> <p>We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant name. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.</p> <p>If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.</p>				
Statement of Notary	NOTE: Notary seal must be visible.			
This request was subscribed and sworn (or affirmed) to before me				
State of _____)	on this _____ day of _____, year _____, by			
)ss. (name of participant) _____				
County/Parish/Borough of _____)	proved to me on the basis of satisfactory evidence to be the person who appeared before me.			
Notary Public's signature _____ My commission expires ____ / ____ / ____				
<i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>				
Notary Public's full name _____ Telephone number _____				
Authorized Plan Administrator Signature <i>(Required for Social Security Number changes or if witnessing Participant's signature for an Address Change or Contact Information Change.)</i> <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i>				
<p>I certify and accept that the information provided by the participant on this form is correct.</p> <p>If the participant has requested an address change or contact information change and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.</p>				
Authorized Plan Administrator Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>				
Print Full Name _____				
D Delivery Instructions				
After all signatures have been obtained, this form can be				
Uploaded Electronically: Login to account at www.louisianadcp.com Click on Upload Documents to submit	OR	Sent Regular Mail to: State of Louisiana PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: State of Louisiana 8515 E. Orchard Road Greenwood Village, CO 80111
We will not accept hand delivered forms at Express Mail addresses.				

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