



Address and Name Change

Please note: The original signed form must be received in the Retirement Office by the 10th of the month to be processed for the current month.

Status (check one): Retiree Deferred Member

Member Information--Please complete in full.

Last Name		First Name		MI	Social Security Number (Last Four Digits)	
Home Phone Number	Cell Phone Number		Email		Member No. (Office Use)	

Address Change

Complete only if your address has changed.

Previous Address	Mailing Address		City	State	Zip Code
	Home Phone Number		Cell Phone Number		
New Address	Mailing Address		City	State	Zip Code
	Physical Address (Retiree)		City	State	Zip Code
	Home Phone Number		Cell Phone Number		

Name Change

If your name has changed, please provide a copy of the following:

Driver's license Social Security Card or Other legal document with your new name

Previous Name	Last Name	First Name	MI
New Name	Last Name	First Name	MI

Note: If this form is completed by anyone other than the person identified in the Member Information section above, a copy of either the power of attorney or court ordered guardianship papers must be provided before any changes will be made.

I certify that my name and/or address was changed as shown above.

Signature	Date
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