



CHANGE OF NAME FORM

SSN (last 4 digits)

Employee ID Number *(if applicable)*

Retired Member

Deferred Member

Previous Name:

Last Name

First Name

MI

New Name:

Last Name

First Name

MI

Reason for Name Change:

(check applicable box(es) below and provide a copy of the requested legal documentation)

Marriage (Marriage certificate)

Divorce (Judgment)

Legal Name Change (Court order that changed name)

Contact Information:

Address

City

State

Zip

Home Phone

Cell Phone

Signatures:

Previous Signature

Date

New Signature