

Name and Address Change



SEND COMPLETED Michigan Public School Employees Retirement System
 FORM AND RECORDS TO: P.O. Box 30026
 Lansing, Michigan 48909
 Telephone: (517) 322-6000

To notify MPERS of a name and/or address change, please complete this form and return it to the above address. Your change(s) will become effective in the first full month after the date it is received.

Retirees: You *must* request in writing name and/or address changes on MPERS records. For a name change, please include the documentation indicated below.

Active/Inactive Employees: If you have had a change of marital status, you may want to file a Beneficiary Nomination form (R315C).

Please **PRINT** or **TYPE**.

| CURRENT ACCOUNT INFORMATION | | | |
|--|--|--|------|
| MEMBER STATUS | | | |
| <input type="checkbox"/> ACTIVE EMPLOYEE | <input type="checkbox"/> INACTIVE EMPLOYEE | <input type="checkbox"/> RETIREE (RECEIVING MPERS PENSION) | |
| SOCIAL SECURITY NUMBER* | LAST NAME | FIRST NAME | M.I. |
| | | | |

Check if **CHANGE OF NAME:** *Retirees:* Please attach a copy of marriage license or court documents.

| | | |
|---------------|------------|------|
| NEW LAST NAME | FIRST NAME | M.I. |
| | | |

Check if **CHANGE OF ADDRESS:**

| PREVIOUS ADDRESS | | |
|------------------|-------|----------|
| STREET | | |
| | | |
| CITY | STATE | ZIP CODE |
| | | |
| NEW ADDRESS | | |
| STREET | | |
| | | |
| CITY | STATE | ZIP CODE |
| | | |

| | |
|----------------------|--------------------------|
| SIGNATURE | DATE |
| | |
| TELEPHONE () | EFFECTIVE DATE OF CHANGE |
| | |

Note: *Form must be signed before it can be processed.* If member is unable to sign, the endorser *must* enclose a copy of his or her authorization of guardianship, power of attorney or conservatorship.