



## Information Change Request

This form is for all PERS retirement programs. Call or visit our website if this is not the form you need.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Day phone number	Evening phone number	E-mail (optional)	PERS number								

#### Instructions:

**Active members must submit address changes through their employer.**

Section A: Enter your name and Social Security number.

Section B: Check any boxes that apply and provide requested information. Attach the requested proof.

Section C: Be sure to sign the form.

### Section B: Information change

- Change my Social Security number from \_\_\_\_\_ to \_\_\_\_\_.  
I have attached a photocopy of proof of my correct Social Security number (e.g., Social Security card, W-4, etc).
- Change name from \_\_\_\_\_ to \_\_\_\_\_.  
I have attached a copy of a legal document showing current legal name (e.g., divorce decree, court order).
- Change date of birth to \_\_\_\_\_.  
I have attached a photocopy of my birth certificate or the document(s) required on the PERS Verification of Age form.
- Change my address to:

Street/Post office box	Apartment no./Space no.
City	State
	Zip

**Note:** Address will be edited to conform with USPS standards.

- Check here if you have submitted a retirement application.

### Section C: Applicant signature

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature (do not print)

Office use only	
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP
<input type="checkbox"/> IAP	
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll-free 888-320-7377, or TTY 503-603-7766.