

NAME CHANGE ONLY FORM

(Please print or type - Name must match your Social Security Card)

** MUST ATTACH A COPY OF THE NEW SOCIAL SECURITY CARD **

Effective Date:// So	ocial Security #:	Kron	nos ID#:
Current Name:			
Current Location:	Po	osition:	
New Name:(Last Name)	(First Name)	(Mid	ddle Name)
Cell Phone #:		(to notify you of usernar	me change for email & computer)
To ensure proper mail delivery of any representation Retirement System), please complete on PERS Form 1C – Change of Incomplete PERS Form 1B – Beneficiary E	the attached forms: formation	rom PERS (Public E	Employee's State
*** If you have a change in benefits do Department at benefits@dcsms.org **		marital status, plea	ase email the Benefits
EMPLOYEE SIGNATURE:		DATE:	
Please submit forms to Tina	Moore in the Hum	an Resources I	 Department



Beneficiary Designation Form 1B – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

	t Name:	MI:	Last Name:				_ Mem	ber	□R€	etire
Soc	sial Security No.:	Birth Date mm/	/dd/ccyy:				Gen	der:	□М	
Re	tirement Plan – Plans are govern	mental defined benefit plans qualit	ied under Section 401	(a) of the Internal Rev	enue Cod	e. Sele	ect applicab	le pla	an.	
	Public Employees' Retirement Syster	m of Mississippi (PERS)	Mississippi Highway S	Safety Patrol Retirem	ent Syste	m (MF	ISPRS)			
	Supplemental Legislative Retirement	Plan (SLRP)								
is n	neficiary Information – Use ac amed, the primary beneficiaries sha neficiaries shall share equally unless	Il share equally unless otherwise	indicated. Likewise, if	more than one seco	ndary ben	eficiary	/ is named,			
Ber	neficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship	P=Pri	imary,	r Percentaç S=Seconda numbers		Gend	er
					D P	□S		%	□М	
					D	□S		%	□М	□ F
					D	□S		%	□М	□ F
					D	□S		%	\square M	
		Chack applicable asknowledgeme			🗆 P	□S		%	□М	□ F
		Check applicable acknowledgement atorship or guardianship papers, of the left and that the PERS Board of in which I am a member. To the eabove beneficiary(ies) to receive and that certain benefits may be resulted.	ent then sign. If an author other legal document Frustees is authorized extent permitted by such the payment of my acceptainty and the payment of the payment of be payment of the payment	norized representatives as proof of authorical to pay benefits in acch statutory provision cumulated contributional that may limit, paid	e signs the cordance as at the till ons and a tially or to	☐ S is form this fo with the of the	n, attac rm. ne statutory my death p erest relating any paymer	% province to the strict to t	□ M copy of the	□ F of
the	mber/Retiree Certification – durable power of attorney, conserva Member – I acknowledge and und that govern the retirement system retirement, I hereby designate the further acknowledge and understa designated beneficiary(ies). Retiree – I hereby designate the a	Check applicable acknowledgement atorship or guardianship papers, of the stand that the PERS Board of in which I am a member. To the end above beneficiary(ies) to receive and that certain benefits may be really be beneficiary(ies) to receive a shove beneficiary(ies) to receive a	ent then sign. If an author other legal document Frustees is authorized extent permitted by surthe payment of my acceptived by law to be parany residual amount parany residual amount parany residual	norized representative ts as proof of authore to pay benefits in acch statutory provisior cumulated contribution aid that may limit, para	e signs that ity to sign cordance is at the tions and a itially or to any death a	☐ S is form this fo with the me of ny intentally, a	n, attac rm. ne statutory my death p erest relating any paymer	% proving the to have just to h	☐ M copy of the	□I
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Change of Information Form 1C - Revised 8/23/2016

Please print or type in black ink. Active members (currently contributing to PERS) should submit completed form to employer (see Section 6 for details). Inactive members and benefit recipients should submit completed form to PERS. See bottom of form for contact information.

Social Security No.: _					in recipie
		Birth Date	mm/dd/ccyy:	Gende	r: 🗆 M 🗆
Changes to Mem	nber/Benefit Recipien	t Name and Address – If ned	cessary, check items to be upd	lated then fill in only applicable inf	ormation.
To Change	New Information		Effect	ive Date mm/dd/ccyy:	
Name	First Name:	MI:	Last Name:		
Address	Mailing Address:		City:	State: Zip:	
Changes to Mem	nber/Benefit Recipien	t E-Mail and Phone – If nece	ssary, check items to be updat	ed then fill in only applicable infor	mation.
To Change	New Information		Effect	ive Date mm/dd/ccyy:	
E-Mail					
Phone				□ Cellular □ Ho	me □ Wo
Phone				□ Cellular □ Ho	me □ Wo
applicable, to design		ermining statutory benefits only. U. s. If changes to marital status are se. Single Married	marked, a ttach a copy of		ertificate.
Spouse's Full Name	3	Social Security No.	Birth Date mm/dd/ccyy	Wedding Date mm/dd/ccyy	Gender
					_
	Full Name – Up to age I and a full-time student	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Gender
			_		_
					_
					_
		n – Active members (those curr			
completion of Section should sign and subr copy of the durable p	n 6. Employers will be respo mit form directly to PERS, a power of attorney, conserva	onsible for submitting completed f s Section 6 is not applicable to th torship or guardianship papers, or	ese individuals. 🗀 If an author other legal documents as prod	orized representative signs this fo of of authority to sign this form.	rm, attach
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