

CHANGE OF NAME OF MEMBER

I hereby certify that on _____ my name was
 changed from _____
 to _____ *

**Please attach legal documentation supporting such change (i.e. marriage certificate, divorce decree or court order.)*

My Social Security Number is _____

Employer _____

Dated at _____

this _____ day of _____, 20____

 (Signature of Witness)

 (Signature of Member)

Street _____

City _____

State _____

Zip Code _____

Phone _____

Email Address _____

NOTE: If you have not yet retired and wish to change the name of your beneficiary, it will be necessary for you to complete an updated Pre-Retirement Beneficiary Form.

CPRB Use Only					
<u>Plan:</u>	<input type="checkbox"/> PERS	<input type="checkbox"/> TRS	<input type="checkbox"/> DSRS	<input type="checkbox"/> JRS	<input type="checkbox"/> EMSRS
	<input type="checkbox"/> PLAN A	<input type="checkbox"/> PLAN B	<input type="checkbox"/> MPFRS		
<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Loans		