11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281–3700 – Phone (503) 598-7377

PERS Oregon Public Employees Retirement System

Member/Alternate Payee Change Request

Instructions: In Section A, enter your name and Social Security number. Check any boxes in Section B that apply and fill out that line. Attach the requested proof. Be sure to sign the form in Section C.

A

Name (Last, First, Middle Initial)	Soc. Sec. No.

B

☐ Change my Social Security number from _____ to _____.
I have attached a photocopy of proof of my correct Social Security number (Social Security card, W-4, etc.).

☐ Change my name from _____ to _____.
I have attached a photocopy of a document showing my current legal name. (Your current driver's license or state issued identification card is acceptable proof if it shows your current legal name. Otherwise, please attach a copy of the document that orders the name change (marriage certificate, divorce decree, court order).

☐ Change my 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 (45921-07).

☐ Change my address to:

Street/Post Office Box			Apartment No./Space No.
City	State	Zip	

☐ Check here if you want an account balance statement. (Only active and inactive members and alternate payees receive account balance statements.)

Note: If you are currently employed by a PERS-participating employer, your annual statement will be mailed to your employer.

C

✎ _____ Signature (do not print)

_____ Date

	For PERS use only