



CHANGE OF PERSONAL INFORMATION FORM

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This form is for members who have not yet retired and are not collecting monthly benefits from PERS to change, update or correct account information.

Name: _____ SSN: _____

If name has changed, please list previous name(s): _____

Gender: M F Birth Date: _____

Marital Status: Single Married Widowed

Current Address: (Members who have not retired may also change their address online at our website)

Home Phone: _____ Work Phone: _____

This form updates personal information only and does not change beneficiaries listed on your Survivor Beneficiary Designation Form.

Signature: _____ Date: _____

For PERS Use – Date Stamp