

**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.**

<b>CPRB Use Only</b>					
<b><u>Plan:</u></b>	<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		
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<input type="checkbox"/> Active	<input type="checkbox"/> Retired	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Loans		