

Change of Name Form

(Please Print)

Member's Name _____

Social Security Number _____ Employer _____

Telephone Number (_____) _____ Alternate Phone Number (_____) _____

Previous Name (Last, First and Middle Initial) _____

New Name (Last, First and Middle Initial) _____

Please provide a copy of one of the following with this request:

1. a copy of your marriage certificate
2. a copy of your divorce decree restoring your former name
3. a copy of the court order whereby you have legally changed your name

*If you are unable to provide one of the documents listed above, please complete the Name Change Affidavit in the following section.

Member's Signature _____ Date _____

***NAME CHANGE AFFIDAVIT**

I hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account for ATRS be maintained under my new name listed in above.

To Be Completed By Notary Public

(Notary Public)

State of _____)

County of _____)

This voluntary act sworn before me on this _____ day of _____, 20 _____.

Notary Signature _____ My Commission Expires _____