



PUBLIC SCHOOL & EDUCATION EMPLOYEE
RETIREMENT SYSTEMS OF MISSOURI

To Whom It May Concern,

Use this form to make changes to your name or address on record with the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS).

If you are changing your name:

- Please print your full name. Do not use initials or nicknames.
- Return the completed form and documentation providing proof of your name change, such as a copy of a marriage certificate, divorce decree, court order, driver's license or Social Security card.
- Keep a copy of this form for your records.

PSRS/PEERS will acknowledge your name or address change. You may also view your personal information by logging in to view your membership at www.psr-peers.org.

If you have questions about how to complete this form, we recommend speaking with a PSRS/PEERS specialist by calling **(800) 392-6848**.

Sincerely,

A handwritten signature in cursive script that reads 'Jana Taylor'.

Jana Taylor
Information and Records Management Supervisor



PUBLIC SCHOOL & EDUCATION EMPLOYEE
RETIREMENT SYSTEMS OF MISSOURI

PO Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or
Toll Free: (800) 392-6848
Fax: (573) 634-7934
Email: psrspeers@psrspeers.org
Website: www.psrs-peers.org

MEMBER INFORMATION CHANGE FORM

- Please complete and return this form to the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS) at the address above.
- **If you are changing your name:**
 - Please print your full name. Do not use initials or nicknames.
 - Return the completed form and documentation providing proof of your name change, such as a copy of a marriage certificate, divorce decree, court order, driver's license or Social Security card.
- Keep a copy of this form for your records.

SECTION A MEMBER INFORMATION

First Name	Middle Name	Last Name	
Member ID (or Last Four Digits of Your Social Security Number)		Gender (Circle One) Male Female	
Home Phone ()	Cell Phone ()		
Email Address			

SECTION B NAME CHANGE REQUEST

Please change my name on PSRS/PEERS records:	
From	
To	
Effective Date of Change	
Signature as previously written X	
Signature to be used in future X	Date

SECTION C ADDRESS CHANGE REQUEST

Please change my mailing address on PSRS/PEERS records:			
From			
Mailing Address			
City	County	State	ZIP
To			
Mailing Address			
City	County	State	ZIP
Effective Date of Change			
Signature of Member (REQUIRED) X			Date