



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 representative 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)		Telephone ()
Email Address		

SECTION B NAME CHANGE REQUEST

Please change my name on PSRS/PEERS records:	
From	
To	
Effective Date of Change	
Original (Written) Signature as previously written X	
Original (Written) 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	State	ZIP
To			
Mailing Address	City	State	ZIP
Effective Date of Change			
Digital Signatures Not Accepted – Original Written Signature of Member Required X			Date