



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.psrs-peers.org](http://www.psrs-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 black ink 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) <input checked="" type="checkbox"/> Male <input type="checkbox"/> 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
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To

Mailing Address

City	County	State	ZIP
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Effective Date of Change

Signature of Member (REQUIRED)

**X**

Date