



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 |