



Montana Public Employee Retirement Administration
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(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

NAME CHANGE FORM

For currently employed members of PERS, JRS, HPORS, SRS, GWPORS, MPORS, FURS.

MEMBER INFORMATION (PREVIOUS NAME)		
Last Name	First Name, Middle Initial	Social Security Number*
Employing Agency		
Member's Mailing Address		
City	State	Zip Code
Daytime Phone Number ()	Email Address	
NEW LEGAL NAME		
Last Name	First	Middle
MEMBER SIGNATURE AND DATE (required)		
Signature	Date	
EMPLOYER		
<i>I have verified the above named person has shown proof of their legal name change.</i>		
Employer Printed Name	Date	
Employer Signature		

Complete a new *Change of Beneficiary* form if your beneficiary information has changed.

Return this form to MPERA.

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.