Montana
Teachers' Retirement System
1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 029: MEMBER/BENEFIT RECIPIENT NAME CHANGE

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

The Montana Teachers' Retirement System (TRS) must be advised of any change in a member's or benefit recipient's name. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER OR BENEFIT RECIPIENT INFORMATION

Previous Name

Previous Name: First Middle Last Suffix

Birth Date (mm/dd/yyyy)

Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

X X X - X X - __ __ __ __
Social Security Number

( )
Telephone Number

New Name

Effective Date of Change (mm/dd/yyyy)

New Name: First Middle Last Suffix

I hearby authorize TRS to initiate a change of name, as listed above, to my TRS account.

Member/Benefit Recipient's Signature

Date