



RETIREE / BENEFICIARY DATA CHANGE FORM

General Information (Required of everyone)

I wish to make changes to my Gwinnett Retirement System record as checked here and for the section(s) filled out below.

(Please check all that apply)

Marriage Certificate/Divorce Decree/Death Certificate is required

Name Change Address Change Marital Status Change Email Update

Employee ID Number _____ Social Security Number _____ Email Address _____

Last Name _____ First Name _____ Middle / Maiden Name _____

Name Change

Please attach a copy of a signed Social Security card reflecting the new name.

Former First Name _____ Former Last Name _____

New First Name _____ New Last Name _____

Marital Status after change

Please attach a documentation that would apply; copy of your Marriage Certificate/Divorce Decree/Death Certificate

Married Single

Address and Telephone Changes

Former Address Information:

Address / P.O. Box _____

City _____

State _____ Zip _____

Telephone Number _____

New Address Information:

Address / P.O. Box _____

City _____

State _____ Zip _____

Telephone Number _____

Required Information

Signature _____



Date _____

Please return this form to:

Gwinnett Retirement System 437 Old Peachtree Road, NW, Suwanee, GA 30024-2978 Fax (678)301-6275

Processed by _____ Date _____