



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

NAME CHANGE FORM

| PREVIOUS NAME | | |
|---|------------------|----------|
| Last Name | First | Middle |
| | | |
| NEW NAME | | |
| Last Name | First | Middle |
| | | |
| RETIREMENT SYSTEM | | |
| Check all that apply: | | |
| <input type="checkbox"/> I am a member of a retirement system administered by MPERA. | | |
| <input type="checkbox"/> I am an alternate payee/beneficiary of _____ (name of member) | | |
| | | |
| MEMBER INFORMATION | | |
| Social Security Number* - - | Employing Agency | |
| Member's Mailing Address | | |
| | | |
| City | State | Zip Code |
| | | |
| Daytime Phone Number () | Email Address | |
| | | |
| Reason for Name Change: | | |
| <input type="checkbox"/> My marital status has changed. | | |
| <input type="checkbox"/> Other: Specify reason _____ | | |
| | | |
| SIGNATURE AND REQUIRED DOCUMENTATION | | |
| <input type="checkbox"/> I have attached a copy of the Court Order, Marriage License, Divorce Decree, or new Social Security Card documenting my name change (documentation is required). | | |
| | | |
| Signature | Date | |
| | | |

For retired and inactive members only. Current members must submit name changes through employer.

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