



P.O. Box 268  
 Jefferson City, MO 65102-0268  
 (573) 634-5290 or Toll Free: (800) 392-6848  
 Email: member\_services@psrsmo.org or member\_services@peersmo.org  
 Web site: www.psr-s-peers.org  
 Fax: (573) 634-7934

## Name Change Form

**This completed form cannot be processed without documentation providing proof of your name change (such as a marriage certificate, divorce decree or court order) submitted to the address above.**

I, \_\_\_\_\_ Member No. \_\_\_\_\_

of the Public School and the Public Education Employee Retirement Systems of Missouri (PSRS/PEERS) hereby request that my name be changed on the records of the Retirement System office

from: \_\_\_\_\_

to: \_\_\_\_\_

Effective date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

\_\_\_\_\_  
 Signature as previously written

\_\_\_\_\_  
 Signature to be used in future

Mailing address: \_\_\_\_\_

(check here  if a change of address)

Street or P.O. Box

\_\_\_\_\_  
 City State ZIP Code

Telephone Number (with area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please keep a copy of this form for your records.**