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

If this is due to a death, please provide a copy of the Death Certificate and contact 678-301-6353

☐ **Married** ☐ **Single** ☐ **Widowed**

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 _____

Signature & Date (Required)

SIGN HERE

Signature _____ Date _____

Please return this form via mail, fax or e-mail to:

via Mail: Gwinnett Retirement System 437 Old Peachtree Road, NW, Suwanee, GA 30024

via Fax: (678)301-6275

via Email: GRS.FS@gcpsk12.org

Processed by _____ Date _____