

CHANGE OF PERSONAL INFORMATION FORM

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This form is for members who have not yet retired and are not collecting monthly benefits from PERS to change, update or correct account information.

Name:	SSN:			
If name has changed, p	lease list previous i	name(s):		
Gender: □M	□F Bir	th Date:		
Marital Status:	☐ Single	☐ Married	☐ Widowed	
Current Address: (M	Members who have	not retired may als	o change their address onl	ine at our website)
Home Phone:		Work	Phone:	
This form updates pyour Survivor Bene			oes not change benefi	ciaries listed on
Signature:			Date:	
				For PERS Use – Date Stamp