



Department of Technology, Management & Budget  
Office of Retirement Services  
www.michigan.gov/ors (800) 381-5111  
P.O. Box 30171  
Lansing MI 48909-7671

## Name and/or Address Change Request

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DATE OF BIRTH
CITY, STATE, ZIP CODE	DAYTIME PHONE NUMBER (     )

Use this form to change your name and/or address.

*Note:* If you currently receive a pension payment by mail, this change may not affect your next pension. Your change(s) will become effective the month after we receive your request.

### Name Change

If you are changing your name, please enter your new name here. Please provide legal documentation of your name change such as a copy of a marriage certificate or Social Security card.

NEW LAST NAME	FIRST NAME	M.I.
---------------	------------	------

### Address Change

If you are changing your address, please enter your new address here.

MAILING ADDRESS	TELEPHONE		
CITY	STATE	ZIP	EFFECTIVE DATE OF CHANGE

### Certification

*This form must be signed before it can be processed. If a member is unable to sign, the endorser must enclose a copy of his or her authorization of guardianship, power of attorney, or conservatorship.*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

