



**PUBLIC SCHOOL RETIREMENT
SYSTEM OF MISSOURI**

PO Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or
Toll Free: (800) 392-6848
Fax: (573) 634-7934
Email: psrspeers@psrspeers.org
Website: www.psr-peers.org

ADDRESS CHANGE FORM

- Please complete and return this form to PSRS at the address above.
- Please print your full name. Do not use initials or nicknames.
- Keep a copy of this form for your records.

SECTION A – MEMBER INFORMATION											
First Name				Middle Name				Last Name			
Social Security Number						Member Number (if known)			Telephone		
									()
Email Address											
SECTION B – ADDRESS CHANGE REQUEST											
Please change my mailing address on PSRS records:											
From											
Mailing Address						City		State		ZIP	
To											
Mailing Address						City		State		ZIP	
Effective Date of Change											
Signature X									Date		



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NAME CHANGE FORM

- Please complete and return this form to PSRS at the address above.
- With the completed form, we require documentation providing proof of your name change, such as a copy of a marriage certificate, divorce decree or court order.
- Keep a copy of this form for your records.

SECTION A – MEMBER INFORMATION											
Member Name (Please print your full name. Do not use initials or nicknames.)											
Social Security Number						Member Number (if known)			Telephone		
										()
Mailing Address						City			State		ZIP
Email Address											
SECTION B – NAME CHANGE REQUEST											
Please change my name on PSRS records:											
Previous Name											
First				Middle				Last			
New Name											
First				Middle				Last			
Effective Date of Change											
Signature as previously written X											
Signature to be used in future X									Date		



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PRE-RETIREMENT BENEFICIARY DESIGNATION

This form establishes your beneficiary designation with PSRS prior to your retirement. It must be properly completed and on file with PSRS in order to be effective. Please review the attached information and the brochure, *Protecting Those You Care About*, before completing this form.

SECTION A – MEMBER INFORMATION									
First Name			Middle Name				Last Name		
Social Security Number					Member Number (if known)		Telephone ()		
Mailing Address						City		State	ZIP
Email Address									
SECTION B – BENEFICIARY DESIGNATION									
Primary Beneficiary									
First Name			Middle Name				Last Name		
Social Security Number					Date of Birth		Relationship to You		
Mailing Address						City		State	ZIP
First Contingent Beneficiary									
First Name			Middle Name				Last Name		
Social Security Number					Date of Birth		Relationship to You		
Mailing Address						City		State	ZIP
Second Contingent Beneficiary									
First Name			Middle Name				Last Name		
Social Security Number					Date of Birth		Relationship to You		
Mailing Address						City		State	ZIP
SECTION C – MEMBER CERTIFICATION AND AUTHORIZATION									
<p>I have reviewed the attached information and brochure, <i>Protecting Those You Care About</i>, and I understand that: 1.) Upon a change in life status (marriage, divorce, birth or adoption of a child) this beneficiary designation on file with the retirement office is automatically revoked in its entirety, <i>and</i> 2.) I must complete a new designation. If I do not complete a new beneficiary designation, any benefit due at my death will be paid in accordance with Missouri law.</p> <p>I hereby request and authorize the PSRS/PEERS Board of Trustees to pay any benefits due at my death to the primary beneficiary named above. Payments to the first or second contingent beneficiary would only be made if the preceding beneficiary is deceased. I reserve the right to change my beneficiary by filing a new <i>Pre-Retirement Beneficiary Designation</i> form. <i>This designation supersedes and renders void my previous designations.</i></p>									
Signature X							Date		