



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

# Name Change Form

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 for your records. Return this completed form and documentation providing proof of your name change (such as a marriage certificate, divorce decree or court order) to:**

**PSRS/PEERS  
P.O. Box 268  
Jefferson City, MO 65102  
Fax: (573) 634-7934**