Desoto County Schools
5 East South Street
Hernando, MS 38632
662-449-7100
662-449-7236 ESD Fax

NAME CHANGE ONLY FORM

(Please print or type- Name must match your Social Security Card)

MUST ATTACH A COPY OF THE NEW SOCIAL SECURITY CARD

Effective Date: ____/____/____ Social Security #: _____-_____-_____ Kronos ID# _____

Current Name: _____

Current Location: _____ Position:_____

New Name: _____ _____ _____
(Last Name) (First Name) (Middle Name)

To ensure proper mail delivery of any future correspondence from PERS (Public Employees' State Retirement System), please complete the attached form:

- PERS Form 1C – Change of Information

If you have a change in benefits due to a name change or marital status, please email the Benefits Department at benefits@dcsms.org.

EMPLOYEE SIGNATURE: _____ DATE:_____

PLEASE SUBMIT FORMS TO THE HUMAN RESOURCES DEPARTMENT

PERS of MISSISSIPPI

Change of Information

Form 1C – Revised 8/23/2016

Please print or type in black ink. Active members (currently contributing to PERS) should submit completed form to employer (see Section 6 for details). Inactive members and benefit recipients should submit completed form to PERS. See bottom of form for contact information.

❶ Member/Benefit Recipient Information – *Fill in your name as currently filed with PERS and use sections 2, 3, and 4 to submit new information.*

First Name: _____ MI: _____ Last Name: _____ ☐ Member ☐ Benefit Recipient

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ Gender: ☐ M ☐ F

❷ Changes to Member/Benefit Recipient Name and Address – *If necessary, check items to be updated then fill in only applicable information.*

To Change **New Information** **Effective Date** *mm/dd/ccyy*: _____

____ **Name** First Name: _____ MI: _____ Last Name: _____

____ **Address** Mailing Address: _____ City: _____ State: _____ Zip: _____

❸ Changes to Member/Benefit Recipient E-Mail and Phone – *If necessary, check items to be updated then fill in only applicable information.*

To Change **New Information** **Effective Date** *mm/dd/ccyy*: _____

____ **E-Mail** _____

____ **Phone** _____ ☐ Cellular ☐ Home ☐ Work

____ **Phone** _____ ☐ Cellular ☐ Home ☐ Work

❹ Changes to Family Information – *If necessary, list applicable changes below. Use additional Form 1C,* Change of Information, *if listing more than three dependent children. Information is for determining statutory benefits only. Use Form 1B,* Beneficiary Designation, *or Form 16,* Advanced Application, *as applicable, to designate any and all beneficiaries. If changes to marital status are marked, 📎 attach a copy of the marriage, divorce, or death certificate.*

Marital Status – *Select one. Add date for last three.* ☐ Single ☐ Married ☐ Divorced ☐ Widowed **Effective Date** *mm/dd/ccyy*: _____

Spouse's Full Name	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Wedding Date** *mm/dd/ccyy*	**Gender**
				☐ M ☐ F

Dependent Child's Full Name – *Up to age 19, or 23 if unmarried and a full-time student*	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Relationship**	**Gender**
				☐ M ☐ F
				☐ M ☐ F
				☐ M ☐ F

❺ Member/Benefit Recipient Certification – *Active members (those currently contributing to PERS) should sign and submit form to employer for completion of Section 6. Employers will be responsible for submitting completed form to PERS, if necessary. Inactive members and benefit recipients should sign and submit form directly to PERS, as Section 6 is not applicable to these individuals. 📎 If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

Member/Benefit Recipient's Signature: _____ Date *mm/dd/ccyy*: _____

❻ Employer Certification – *Completion of Section 6 and submission of this form to PERS by the employer is only necessary when changes are being made to sections 3 and 4 (e-mail, phone numbers, marital status, or family information). Changes to Section 2 (name or address) will be submitted to PERS by the employer via monthly wage and contribution reports not via this form. This process helps ensure consistency in the name used for reporting PERS, Social Security, and W-2 wage information by the employer. If completion of Section 6 is necessary, an authorized employer representative, must sign.*

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I am submitting this form to PERS because changes are being made to Section 3 (e-mail and phone) and/or Section 4 (family information). I hereby certify that any name and address change information provided above is consistent with the active member's name used on the employer's records for reporting PERS, Social Security, and W-2 wage information.

Employer Representative's Signature: _____ Date *mm/dd/ccyy*: _____

PERS of MISSISSIPPI

Beneficiary Designation

Form 1B – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

❶ Member/Retiree Information

First Name: _____ MI: _____ Last Name: _____ ☐ Member ☐ Retiree

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ Gender: ☐ M ☐ F

❷ Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. *Select applicable plan.*

☐ Public Employees' Retirement System of Mississippi (PERS) ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP)

❸ Beneficiary Information – *Use additional Form 1B,* Beneficiary Designation, *to designate additional beneficiaries. If more than one primary beneficiary is named, the primary beneficiaries shall share equally unless otherwise indicated. Likewise, if more than one secondary beneficiary is named, the secondary beneficiaries shall share equally unless otherwise indicated. Total primary and secondary beneficiary percentages must equal 100 percent.*

Beneficiary Name	Social Security No.	Birth Date *mm/dd/ccyy*	Relationship	Beneficiary Percentage *P=Primary, S=Secondary* *Use whole numbers*	Gender
				☐P ☐S _____ %	☐M ☐F
				☐P ☐S _____ %	☐M ☐F
				☐P ☐S _____ %	☐M ☐F
				☐P ☐S _____ %	☐M ☐F
				☐P ☐S _____ %	☐M ☐F

❹ Member/Retiree Certification – *Check applicable acknowledgement then sign. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

☐ **Member** – I acknowledge and understand that the PERS Board of Trustees is authorized to pay benefits in accordance with the statutory provisions that govern the retirement system in which I am a member. To the extent permitted by such statutory provisions at the time of my death prior to retirement, I hereby designate the above beneficiary(ies) to receive the payment of my accumulated contributions and any interest relating thereto. I further acknowledge and understand that certain benefits may be required by law to be paid that may limit, partially or totally, any payment to my designated beneficiary(ies).

☐ **Retiree** – I hereby designate the above beneficiary(ies) to receive any residual amount payable by reason of my death and the death of my joint annuitant(s), if applicable.

Member/Retiree's Signature: _____ Date *mm/dd/ccyy*: _____

❺ Employer Certification – *This section must be completed by an authorized employer representative, not the member. Only complete for active members.*

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

Employer Representative's Signature: _____ Date *mm/dd/ccyy*: _____