



### PERSONAL DATA FORM 1R (RETIRED)

MEMBER NAME \_\_\_\_\_

MEMBER ID or SSN \_\_\_\_\_

Please designate the reason for completing this form: <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change	
<input type="checkbox"/> Other _____	

#### ADDRESS CHANGE

1. Legal Name

(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

2. Permanent Mailing Address

(City)	(State)	(Zip Code)				

3. Effective Date

(Month)	(Day)	(Year)

Personal Email Address \_\_\_\_\_

#### NAME CHANGE

1. Previous Name (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.]

(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

2. New Legal Name (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.]

(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

3. Effective Date

(Month)	(Day)	(Year)

**Note:** TRS cannot use Post Office forwarding stickers as authorization for any change of address. Requests for a change of address or change of name must be signed by the member in order to make the change to your permanent record. If this request is signed by a legal guardian or power of attorney, documentation for this authority must be included with this form and will be retained in the member's permanent file. Without this documentation the address or name change cannot be made.

*I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true whether or not written by my own hand.*

Signature of Member \_\_\_\_\_

Date \_\_\_\_\_