



1. Information about you

Last name	First name	MI	Account ID or SSN
Mailing address			<input type="checkbox"/> Check here if this is a change of address.
City		State	Zip code
Daytime phone number		Alternate phone number	

2. Name change (complete this section **only** if requesting a name change)

New name	Previous name on record with MSRS
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Indicate reason for name change below and provide the requested documentation.

- Marriage** - Include copy of marriage certificate. Remember to update your beneficiary designation, if applicable.
- Divorce** - Include certified copy of divorce decree or final court order. Remember to update your beneficiary designation, if applicable.
- Other** - Include copy of legal court documentation of the approved name change.

3. Required signature (please sign below)

I hereby certify that the information I provided on this form is true and correct to the best of my knowledge and belief.

Participant Signature _____ Date (Required) _____
Month / Day / Year



Minnesota State Retirement System
 60 Empire Drive, Suite 300
 St. Paul, MN 55103-3000



Telephone: 651.296.2761
Toll-free: 1.800.657.5757, option 3



Fax: 651.297.5238

Privacy Notice: Private data requested on this form will be used by MSRS to process your request. You are not legally required to provide the data requested. However, we may not be able to process your request without sufficient information. Your private data will not be shared with an unauthorized person without written consent except as authorized by federal or state law or a court order.