



Department of Management & Budget
Office of Retirement Services
www.michigan.gov/ors (800) 381-5111
P.O. Box 30171
Lansing MI 48909-7671

Name and/or Address Change Request

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DATE OF BIRTH
CITY, STATE, ZIP CODE	DAYTIME PHONE NUMBER ()

Use this form to change your name and/or address.

Note: If you currently receive a pension payment by mail, this change may not affect your next pension. Your change(s) will become effective the month after we receive your request.

Name Change

If you are changing your name, please enter your new name here. Please provide legal documentation of your name change such as a copy of a marriage certificate or Social Security card.

NEW LAST NAME	FIRST NAME	M.I.
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Address Change

If you are changing your address, please enter your new address here.

MAILING ADDRESS	TELEPHONE		
CITY	STATE	ZIP	EFFECTIVE DATE OF CHANGE

Certification

This form must be signed before it can be processed. If a member is unable to sign, the endorser must enclose a copy of his or her authorization of guardianship, power of attorney, or conservatorship.

_____ APPLICANT SIGNATURE	_____ DATE
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