



Please type or print clearly
in blue or black ink

NYSLRS ID

□ □ □ □ □ □ □ □ □ □

Received Date

[Empty box for Received Date]

Name Change Notice

RS 5483

Social Security Number [last 4 digits]

XXX-XX-□ □ □ □

(Rev.10/18)

Old Name: (Last)	(First)	(M.I.)
New Name: (Last)	(First)	(M.I.)
Telephone Number:		
Reason for Name Change: <input type="checkbox"/> Change in Marital Status <input type="checkbox"/> Other (You must provide an original or certified copy of the documentation authorizing change)		
Member Signature: (please sign using new name)		Date: (mm/dd/yy)

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-473-8017 in the Albany Area.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

