

## ARIZONA STATE RETIREMENT SYSTEM (ASRS) CHANGE OF NAME FORM

COMPLETE AND SEND TO:ASRS PO Box 33910 Phoenix, AZ 85067-3910 Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-Free (800) 621-3778 Fax (602) 240-2096 www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

Social Security Number  Member Name (Last)  Mailing Address  Daytime Telephone Number  ( )  City  State  ZIP  Date of Birth (MM/DD/YYYY)  Email Address  Member Status (Check One)  Retired Non-retired Survivor Single Married  SECTION 2 – Name Change (Enter your new legal name.)	SECTION 1 – Member Information (Name currently on file with the ASRS.)							
City  State  ZIP  Date of Birth (MM/DD/YYYY)  Email Address  Member Status (Check One)  Retired Non-retired Survivor Single Married	Social Security Number Member Name (L	_ast)	(F	irst)		(	Middle Initial)	
City  State  ZIP  Date of Birth (MM/DD/YYYY)  Email Address  Member Status (Check One)  Retired Non-retired Survivor Single Married								
Email Address  Member Status (Check One)  Retired Non-retired Survivor Single Married	Mailing Address					Daytime Telepho	one Number	
Email Address  Member Status (Check One)  Retired Non-retired Survivor Single Married						( )		
☐ Retired ☐ Non-retired ☐ Survivor ☐ Single ☐ Married	State		State	ZIP		Date of Birth (MM/DD/YYYY)		
☐ Retired ☐ Non-retired ☐ Survivor ☐ Single ☐ Married	- TAU		1 0: : (0)			111 71 101 1		
	Email Address Member Status			Check One) Marital Status				
SECTION 2 Name Change (Enter your new local name)	Retired Non-retired				urvivor Single Married			
	New Name (Last) (First)					T	(Middle Initial)	
(Final Final	(2007)		(1.1104)				(	
A copy of the legal document establishing the name change must be included with this form.								
Check which one is enclosed.	Check which one is enclosed.							
☐ Divorce Decree ☐ Marriage License ☐ Passport ☐ Social Security Card								
Driver License Arizona ID Military ID								
Court Order (what type)								
Court Order (what type)								
SECTION 3 – Signature								
Member Signature Date	Member Signature				Date			

Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a Class 6 felony per Arizona Revised Statutes § 38-793.

Page 1 of 1 Revised: 12/30/13