



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.

SECTION 1 - Member Information (Name currently on file with the ASRS.)
Social Security Number, Member Name (Last), (First), (Middle Initial), Mailing Address, Daytime Telephone Number, City, State, ZIP, Date of Birth, Email Address, Member Status, Marital Status

SECTION 2 - Name Change (Enter your new legal name.)
New Name (Last), (First), (Middle Initial)

A copy of the legal document establishing the name change must be included with this form. Check which one is enclosed.
Divorce Decree, Marriage License, Passport, Social Security Card, Driver License, Arizona ID, Military ID, Court Order

SECTION 3 - Signature
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.

