

11410 SW 68th Parkway, Tigard OR 97223 Mailing Address – PO Box 23700, Tigard OR 97281-3700 Phone – 503-598-7377 toll free – 888-320-7377 Fax – 503-598-0561 website – http://oregon.gov/pers



2246

# **Information Change Request**

This form is for all PERS retirement programs. Call or visit our website if this is not the form you need.

#### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name		MI	Last name	PERS ID number
Day phone number	Evening phone number		E-mail (optional)	Social Security number*
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#### Section B: Information change

Check any boxes that apply and provide requested information. Attach the requested proof.

#### Employees working for a PERS covered employer must submit address changes through their employer.

	Change my Social Security number from	to	
	I have attached a photocopy of proof of my correct Social Security n	umber (e.g., Social Security ca	ard, W-4, etc).
	Change my name from	to	
	I have attached a copy of a legal document showing my current legal r	ame (e.g., divorce decree, cour	rt order).
$\square$	Change my date of birth to		
	I have attached a photocopy of my birth certificate or verification of ag	e document(s) as listed on the	e other side of this form.
	As of, my addres	s will be:	
	(date)		
Stre	eet/post office box	Apartmen	t no./space no.

Street/post office box	Apartment no	o./space no.
City	State	Zip

(year)

#### Section C: Benefit recipient only

Continue to send my benefits directly to my financial institution. (This address change is only for PERS' use in contacting me.)

Use this address change for mailing my monthly check to me.

Stop my direct deposit and mail my check to me.

Send a duplicate copy of the 1099R for \_

PERS	OPSRP	IAP

### Section D: Applicant signature

Signature (do not print)

Date

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll-free 888-320-7377, or TIY 503-603-7766.



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## Verification of Age

Photocopies of birth date documents and, if applicable, beneficiary birth date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or are difficult to read. If your documents are not accepted, you will need to submit new photocopies. Please include your Social Security number on all documents submitted, including beneficiary forms.

<ul> <li>Group 1</li> <li>If one item of this group is furnished showing birth dates, no further evidence of age is needed.</li> <li>Any ONE of these: <ul> <li>Birth verification issued by state, county, or country (Documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official.)</li> <li>Infant baptism certificate</li> <li>Hospital birth certificate (if signed by attending physician or issued by state)</li> <li>Oregon driver's license issued on or after February 4, 2008</li> <li>Passport (current or expired)</li> <li>School age record</li> <li>Family Bible record: if this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom</li> <li>Naturalization or citizenship papers</li> <li>American Indian Reservation Age Verification</li> </ul> </li> </ul>	Any I WO of these:
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- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member's Social Security number on all documents so they are properly recorded. Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.