



## PERSONAL INFORMATION CHANGE FORM

Please Complete the Applicable Areas:

SECTION I - CHANGE OF ADDRESS	
Name (if retired, as it appears on check or non-negotiable)	Social Security Number (last four digits)
Are you currently receiving an NHRS monthly benefit?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name (if you are currently employed)
Old Address	New Address
City, State, Zip	City, State, Zip
Old Telephone	New Telephone
Old Email Address	New Email Address

SECTION II - CHANGE OF NAME	
Please provide proof of name change (marriage certificate, legal document, etc.)	
Former Name	
Current Name	Effective Date

SECTION III - SIGNATURE	
Please provide your signature to authorize the requested change.	
Printed Name	
Signature	Date

SECTION IV - FOR OFFICE USE ONLY	
<b>ANNUITANT</b>	<b>ACTIVE</b>
Retirement #	By
Employer #	Date
By	
Date	

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