Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

RECEIVED

Name Change Notice
RS 5483

(Rev. 2/11)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK.

Registration Number _____ – _____

Old Name — Last Name _____ First Name _____ M.I. _____

New Name — Last Name _____ First Name _____ M.I. _____

Last 4 Digits of Social Security Number* _____

Telephone Number _____ – _____ – _____

Reason for Name Change (Fill in one circle):

- ◯ Change in Marital Status
- ◯ Court Order (Please provide Court Order)
- ◯ Religious (Please provide Court Order)
- ◯ Other (Please specify)_____

Member Signature _____ Date _____

Please sign with new name

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member and Employer Services, New York State and Local Retirement Systems, Albany, NY 12244; telephone number (518) 474-8482.

***SOCIAL SECURITY DISCLOSURE REQUIREMENT**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 31, 34 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.