



Address or Name Change Form

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make address or name changes to their TMRS account. After you have completed and signed this form, please fax it to 512.476.5576 or mail to P.O. Box 149153, Austin TX 78714-9153. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call 800.924.8677.

PLEASE COMPLETE THIS SECTION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

_____ TMRS Identification Number (not required)

_____ Full Name (first, middle, last)

_____ Social Security Number

_____ Date of Birth(MM/DD/YYYY)

_____ Current or Last Employing City

_____ Daytime Phone Number

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR MAILING ADDRESS

_____ New Mailing Address (number and street)

_____ City _____ State _____ Zip

_____ Daytime Phone Number _____ Evening Phone Number

_____ E-mail Address

COMPLETE THIS SECTION ONLY IF YOU ARE CHANGING YOUR NAME

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

_____ Old Full Name (first, middle, last)

_____ New Full Name (first, middle, last)

Reason for Change: marriage divorce court order

Note: If you are completing this section, a photocopy of one of the following documents is required with this form:
Marriage Certificate, Divorce Decree (First page, Name Change Section, and page with Judge's signature), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

_____ Your Signature

_____ Date Signed (MM/DD/YYYY)

