



Address or Name Change Form

MEMBER/PAYEE INFORMATION

_____		_____
Name		Social Security Number
_____	_____	_____
Date of Birth (MM/DD/YYYY)	Cell Phone Number	TMRS Identification Number (Not Required)

ADDRESS CHANGE SECTION

Mailing Address

City State Zip

NAME CHANGE SECTION

Only complete this section if your name has changed and does not match the name currently on record with TMRS.

Former Name

Current Name

Reason for Name Change: Marriage Divorce Court Order

A copy of one of the following documents is required: Marriage Certificate, Divorce Decree (First page, Name Change Section, and page with Judge's signature), or Court Order.

AUTHORIZATION

I authorize TMRS to update my account with this information. All of the information I have provided is correct and I understand that making false or misleading statements in an application to TMRS violates state law.

_____	_____
Signature	Date

Please submit this form to TMRS: Mail:
P.O. Box 149153 • Austin, Texas 78714-9153 Fax:
512.476.5576
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