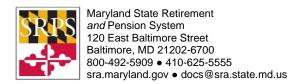


Contact Information Change Request

✓ Please send both pages of your completed form to us.	
and the contract of the contra	
If you are a retiree, beneficiary receiving a monthly benefit or vested former member, use this form to your name, address, email and/or phone number on your Maryland State Retirement and Pension Sys account.	
If you are an active member, use this form to change your email and/or phone number. All other chanshould be submitted through your employer.	ges
If you have retiree health insurance, this form will not change the name on the record of your health in provider. Contact your insurance provider to make this change.	nsurance
our Current Information on File	
Social Security Number	
First Name Initial Last Name	
Change(s) Requested	
Important: Complete only the sections of information you wish to change. Leave all other sections blank	ζ.
Name Change (Retirees, Beneficiaries and Vested Only)	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank.	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, or	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank.	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank. First Name Initial Last Name Mailing Address Change (Retirees, Beneficiaries and Vested Only) Enter your new mailing address below. If you are not changing your address, leave this section blank.	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank. First Name Initial Last Name Mailing Address Change (Retirees, Beneficiaries and Vested Only)	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank. First Name Initial Last Name Mailing Address Change (Retirees, Beneficiaries and Vested Only) Enter your new mailing address below. If you are not changing your address, leave this section blank. Street Address	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank. First Name Initial Last Name Mailing Address Change (Retirees, Beneficiaries and Vested Only) Enter your new mailing address below. If you are not changing your address, leave this section blank. Street Address	
Enter your name change below. Enclose a copy of one of the following as proof of legal name change: court or narriage certificate, divorce decree, certificate of naturalization, valid U.S. passport, valid U.S. driver's license, of J.S. state-issued non-driver's identification card. If you are not changing your name, leave this section blank. First Name Initial Last Name Mailing Address Change (Retirees, Beneficiaries and Vested Only) Enter your new mailing address below. If you are not changing your address, leave this section blank.	or valid



Please turn to page 2.



Contact Information Change Request (continued)

P	hor	ne	N	lum	ber	CI	าล	nge
_								

Enter your new telephone number below. If you are not changing your phone number, leave this section blank.
Telephone Number
Email Address Change Enter your new email address below. If you are not changing your email address, leave this section blank. Email Address
Please sign below.
☐ If this form is signed by a Power of Attorney (POA), check this box and submit the POA document with this form.
I solemnly affirm under the penalties of perjury and upon personal knowledge that the forgoing information provided on this form is true.
Month Day Year
Signature: Today's Date:

How to Submit Your Form to Us

Important! Please send **both pages** of your completed form to us.

US Mail: Maryland State Retirement Agency

120 E. Baltimore St. Baltimore, MD 21202-6700

Email: docs@sra.state.md.us

How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.