



Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



--

Name Change Application

This application is for members, pensioners, and beneficiaries who have changed their first or last name. In order for NYCERS to process this application, **you must attach proof of a legal name change, such as a copy of a Marriage Certificate, Judgment of Divorce, or Court Order.** Please complete this application and send it to NYCERS at the address above together with the required proof. Indicate below the document(s) you are attaching as proof of your legal name change. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions, please contact our Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Daytime Phone
				()

First Name	M.I.	Last Name

in Care of (if applicable)

--

Address	Apt. Number

City	State	Zip Code

I am a [check only one]: Member Pensioner Beneficiary

I request that my name be changed on NYCERS' records from:

First Name	M.I.	Last Name

To:

First Name	M.I.	Last Name

I am attaching the following document(s) as proof of a legal name change:

- Marriage Certificate Court Order
 Judgment of Divorce Other: _____

Signature	Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared
before me the above named, _____, to me known, and known to
me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she
executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or
Commissioner of Deeds _____
Official Title _____
Expiration Date of Commission _____

--

Sign this form and have it notarized, THIS PAGE