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 (Name Change Section), 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)