Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Receipt Date

Office Use Only

Name Change Notice
RS 5483-I

(Rev. 1/05)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK.

Registration Number _____ - ___

Old Name Last Name _____ First Name _____ M.I. ___

New Name Last Name _____ First Name _____ M.I. ___

Social Security Number ___ - __ - ____

Reason for Name Change (Fill in one circle):

- ◯ Change in Marital Status
- ◯ Court Order (Please provide Court Order)
- ◯ Religious (Please provide Court Order)
- ◯ Other (Please specify)_____

Member Signature_____ Date_____