

## CHANGE IN PERA RECORDS FORM

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA for processing.

Required fields are in ***BOLD ITALICS***

<b>MEMBER INFORMATION (Must be completed in all cases) PRINT CLEARLY</b>		
<b><i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i></b>		
<b><i>FIRST NAME</i></b>	<b><i>MI</i></b>	<b><i>LAST NAME</i></b>
<b><i>DATE OF BIRTH</i></b> (mm/dd/ccyy)		
<b><i>CURRENT MARITAL STATUS (Check One)</i></b> <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
<b>NAME CHANGE/CORRECTION PRINT CLEARLY</b>		
<b><i>CURRENT FIRST NAME</i></b>	<b><i>MI</i></b>	<b><i>LAST NAME</i></b>
<b><i>PREVIOUS FIRST NAME</i></b>	<b><i>MI</i></b>	<b><i>LAST NAME</i></b>
<b><i>EFFECTIVE DATE OF CHANGE</i></b> (mm/dd/ccyy)		
<b>ADDRESS CHANGE/CORRECTION PRINT CLEARLY</b>		
<b><i>ADDRESS TYPE</i></b> <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING		<b><i>HOME or CELL TELEPHONE NO.</i></b>
<b><i>STREET ADDRESS</i></b>		BUSINESS TELEPHONE NO.
<b><i>CITY</i></b>	<b><i>STATE</i></b>	<b><i>ZIP</i></b>
<b><i>FOREIGN PROVINCE</i></b>	<b><i>FOREIGN POSTAL CODE</i></b>	<b><i>FOREIGN COUNTRY</i></b>
<b><i>EFFECTIVE DATE OF CHANGE</i></b> (mm/dd/ccyy)		E-MAIL ADDRESS
<b>MARITAL STATUS CHANGE/CORRECTION PRINT CLEARLY</b>		
<b><i>MARITAL STATUS/EFFECTIVE DATE OF CHANGE</i></b> (mm/dd/ccyy)		
<input type="checkbox"/> MARRIED    /    / <input type="checkbox"/> DIVORCED    /    / <input type="checkbox"/> WIDOWED    /    /		
<b>SOCIAL SECURITY NUMBER CHANGE/CORRECTION PRINT CLEARLY</b>		
<b><i>PREVIOUS SOCIAL SECURITY NUMBER</i></b>	<b><i>NEW SOCIAL SECURITY NUMBER</i></b>	<b><i>EFFECTIVE DATE OF CHANGE</i></b>
<b>MEMBER AUTHORIZATION</b>		
<b><i>SIGNATURE OF MEMBER</i></b>		<b><i>DATE</i></b>