



NAME/ADDRESS CHANGE

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov
 Toll Free: 800.547.6657 ♦ Olympia Area: 360.664.7000 ♦ TTY: 711

Status: (check all that apply) Inactive/Separated Retired Beneficiary Legal Order Payee

Active members: Update your name and/or address through your employer(s).

System: (check all that apply)

<input type="checkbox"/> Public Employees'	<input type="checkbox"/> School Employees' (non-teachers)	<input type="checkbox"/> State Patrol
<input type="checkbox"/> Teachers'	<input type="checkbox"/> Law Enforcement Officers' & Fire Fighters'	<input type="checkbox"/> Public Safety Employees'
<input type="checkbox"/> Judicial	<input type="checkbox"/> Deferred Compensation Program	

Identification – Please complete in full. Type or print in dark ink.

Full Name (Last, First, Middle)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	
Phone Number	Date of Birth (MM/DD/YYYY)	Email Address		Maiden Name

Name Change – Complete only if your name has changed.

The name you provide to us should be the same as on your Social Security card. A copy of one of the following documents must accompany this form:

- Passport
- Driver License
- Social Security Card
- NEXUS Card
- Passport Card
- Enhanced Driver License (EDL)
- Enhanced ID Card (EID)
- Certificate of Armed Services Record-DD214

Old Name	Full Name (Last, First, Middle)	Effective date of name change
New Name	Full Name (Last, First, Middle)	MM/DD/YYYY

Address Change – Complete only if your address has changed.

Old Address	Mailing Address		
	City	State	ZIP
New Address	Mailing Address		
	City	State	ZIP
			Effective date of address change
			MM/DD/YYYY

Please check this box if you would like your primary beneficiary's address updated to the New Address listed.

Certification

Note: If this form is completed by anyone other than the person identified in the above *Identification* section, a copy of either the power of attorney or court-appointed guardianship papers must be provided before the name or address will be changed.

I certify that my name or address was changed as shown above.

Signature	Date
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If you have insurance coverage through the Washington State Public Employees Benefits Board (PEBB), we may share your information with PEBB to better serve you.

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.