



Name/Address Change

This form is for inactive members, retirees, beneficiaries, survivors and legal-order payees to use to update their names and/or addresses.

Send completed form to:
 Department of Retirement Systems
 PO Box 48380 • Olympia, WA 98504-8380
www.drs.wa.gov • 800.547.6657
 360.664.7000 • TTY: 711

Important Information

Active Members: Please update your name and/or address through your employer.

Address-Only Change: You can update your address online at www.drs.wa.gov/oa or use the form below.

Name Change: The name you write below must match your Social Security card. If your name has changed, please submit a copy of one of the following documents with this form:

- Social Security card
- Passport/passport card
- Government-issued driver license or identification (ID) card
- NEXUS card
- Naturalization certificate
- Certificate of Armed Services Record — US DD-214
- Copies of filed legal orders
- Court-filed marriage certificate

Filling in Form for Someone Else: If you are filling in this form for someone, you must submit a copy of either a power-of-attorney or court-appointed guardianship document that grants you the right to make changes. You also must send in an *Affidavit of Attorney in Fact* form, available in the Forms section of the DRS website.

Personal Information

New or Current Name (Last, First, Middle)		Social Security Number	
Former Name, If Applicable		Birthdate (mm/dd/yyyy)	
New or Current Mailing Address	City	State	ZIP
Email Address		Phone Number	
Status (Check All That Apply) <input type="checkbox"/> Inactive or Separated Member <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary <input type="checkbox"/> Survivor <input type="checkbox"/> Legal-Order Payee			
Retirement System(s) and/or Program (Check All That Apply) <input type="checkbox"/> Public Employees' Retirement System (PERS) <input type="checkbox"/> School Employees' Retirement System (SERS) <input type="checkbox"/> Teachers' Retirement System (TRS) <input type="checkbox"/> Washington State Patrol Retirement System (WSPRS) <input type="checkbox"/> Public Safety Employees' Retirement System (PSERS) <input type="checkbox"/> Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF) <input type="checkbox"/> Judicial Retirement System (JRS) <input type="checkbox"/> Deferred Compensation Program (DCP)			

Signature

All information on this form is accurate and complete.	
Signature	Date

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

