Washington State Department of Retirement Systems

Name or Address Change

This form is for customers to update their name or address.
Employed members: Update your name or address through your DRS-covered employer.

Read Before Completing Form

Address change: Update your address online at drs.wa.gov/oaa, or use this form.

Name change: Your new name must match your Social Security card.

Proof of name change: Include a copy of one updated document listed below.

- Social Security card
- Passport or passport card
- Government Issued identification (ID) card not from US Department of Defense*
- NEXUS card
- Naturalization certificate
- Certificate of Armed Services Record — US DD-214
- Copies of filed legal orders
- Court-filed marriage certificate

*Cards issued by US Department of Defense will not be accepted because they cannot be legally photocopied.

Completing this form for someone else: If you complete this form on someone's behalf, submit a copy of a power of attorney or court-appointed guardianship document authorizing you to make changes. You must also submit an Affidavit of Attorney in Fact form, available in the Forms section of the DRS website.

About Social Security: We use this number to report payments to the IRS, as required by IRC 6041(a) and 6109.

Access Information

You can complete most of the PDF version of this form using Adobe Acrobat Reader. It has been designed to work with screen readers and other assistive technology. You can also complete it by hand. In either case, you must sign the form before submitting it.

If you need help completing this form, require language assistance (including interpretation of the DRS website or printed materials), or have questions, call us or send a message through your online account at drs.wa.gov/oaa. Language assistance is available at no cost.

How to Submit Your Form

Sign by hand and submit form page 2. Choose one of the following:

Mail: Department of Retirement Systems
PO Box 48380
Olympia, WA 98504-8380

Online: Sign completed form. Log into drs.wa.gov/oaa, select "Upload Documents" under "My Documents."

Fax: 360-664-7975

Common errors — check the following before submitting:

- For a name change, include a copy of an above listed document with this form.
- If you're currently working for a DRS-covered employer, change your name or address through your employer. You do not need to complete this form.

Questions? Contact DRS

Call: 800-547-6657 or 360-664-7000 (TTY 711) **Visit:** drs.wa.gov

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Personal Information

1 New or Current Name (Last, First, Middle)

2 Former Name, if Applicable (Last, First, Middle)

3 Social Security Number

4 Birthdate (mm/dd/yyyy)

5 Mailing Address (Include Apartment Number)

6 City

7 State

8 ZIP Code

9 Country if Not US

10 Phone Number

11 Personal Email Address

12 **My Status** (select all that apply)

- ☐ Inactive or Separated Member
- ☐ Retiree
- ☐ Beneficiary
- ☐ Survivor
- ☐ Legal-Order Payee

13 **Retirement System:** This change applies to all your DRS plans unless you specify a plan.

- ☐ Apply to All My DRS Retirement Plans
- ☐ Apply Only to the Following Plan(s):

Signature Required

Typed signatures are not accepted.

14 Signature

15 Date Signed (mm/dd/yyyy)