



# CHANGE OF PERSONAL INFORMATION FORM

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131

This form is for members who have not yet retired and are not collecting monthly benefits from PERS to change, update or correct account information.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

If name has changed, please list previous name(s): \_\_\_\_\_

Gender:     M     F     Birth Date: \_\_\_\_\_

Marital Status:     Single     Married     Widowed

Current Address: (Members who have not retired may also change their address online at our website)

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

This form updates personal information only and does not change beneficiaries listed on your Survivor Beneficiary Designation Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For PERS Use – Date Stamp
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