



Department of Technology, Management & Budget  
 Office of Retirement Services  
 www.michigan.gov/ors (800) 381-5111  
 P.O. Box 30171  
 Lansing MI 48909-7671

## Name Change Request for Active Employees

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN	DATE OF BIRTH
MAILING ADDRESS		TELEPHONE NUMBER (     )
CITY, STATE, ZIP CODE		EMAIL ADDRESS

Use this form to change your name if you are actively working for the Public School Employees Retirement System, State Employees Retirement System, State Police Retirement System, or Judges Retirement System and are not receiving a retirement benefit.

If you have an address change, make the change with your employer and they will update ORS.

*Receiving a retirement benefit?* Use the Name, Address, and Contact Information Change (R0357X) available at [www.michigan.gov/ors](http://www.michigan.gov/ors).

Your change will take effect once we receive and process your request, which may take up to 30 days.

### Name Change

Fill out this section if you are changing your name. Provide legal documentation of your name change such as a copy of a marriage certificate, divorce decree, or Social Security card.		
NEW LAST NAME	FIRST NAME	M.I.

### Certification

<i>This form must be signed before it can be processed. If a member is unable to sign, the endorser must enclose a copy of the authorization of guardianship, power of attorney, or conservatorship.</i>	
_____	_____
APPLICANT SIGNATURE	DATE

**Return your completed form and any attachments to:  
 ORS, P.O. Box 30171, Lansing, MI 48909-7671**

