



# City of Austin Police Retirement System

## REQUEST FOR NAME and/or ADDRESS CHANGE

TO: Austin Police Retirement System  
2520 South IH 35, Suite 100  
Austin, TX 78704

As a current member of the City of Austin Police Retirement System, I request the name change below be made effective:

\_\_\_\_\_  
Effective Date

I understand that in order for this change to become effective, I need to provide the following to the City of Austin Police Retirement System:

- Copy of member's Social Security Card showing new name
- Copy of Marriage Certificate and/or Divorce Decree
- W4-P Tax Form
- This Name and/or Address Change Form

\_\_\_\_\_  
Print New Name as shown on Social Security Card

\_\_\_\_\_  
Former Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date