



City of Austin Police Retirement System

REQUEST FOR NAME and/or ADDRESS CHANGE

TO: Austin Police Retirement System
P.O. Box 40609
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 (last 4 digits)

E-Mail Address

Telephone Number

Signature

Date