



PAYEE NAME AND ADDRESS CHANGE REQUEST



NERS	Phone: (757) 664-4738	Email: retirement@norfolk.gov	Website: www.norfolk.gov/retirement	Form No: Active No: 3022
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Instr. Complete this form to request name or mailing address changes. If you are the retiree or beneficiary's authorized agent, you must submit proof of authority (*e.g.*, Power of Attorney).

PART A. RETIREE OR BENEFICIARY INFORMATION

1. Name (First, Middle Initial, Last)	2. Last 4 of SSN
3. New Name (First, Middle Initial, Last). If requesting a Name Change, enter your previous name above (under Name) and your new name below.	
4. Street Address	5. Update Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. City, State, Zip Code	
7. Home Number	8. Preference? <input type="checkbox"/> Day <input type="checkbox"/> Evening
9. Cell Number	10. Preference? <input type="checkbox"/> Day <input type="checkbox"/> Evening
11. Email Address (Optional)	

PART B. AUTHORIZATION

<p>1. Read Carefully</p> <p>I understand that a Name Change Request requires legal proof (<i>e.g.</i>, court order, marriage certificate, divorce decree). If I am requesting a name change, I have attached legal proof to this request.</p> <p>By signing below, I authorize NERS to make the account changes shown above on my behalf.</p>	
2. Signature	3. Date (m/d/yyyy)

AVOID THE HASSLE!

	<p>Changing Mailing Address?</p> <p>Update your mailing address in PeopleSoft Self-Service.</p> <p>Visit www.norfolk.gov/retirement for more information. For assistance with PeopleSoft, contact the Retirement Office.</p>	 Log In
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