



# Seattle City Employees' Retirement System

## Change of Name and/or Contact Information

**Active Members:** Please update your name and/or address through your department.

**Address-Only Change:** Use this form to change your mailing address of record with the Seattle City Employees' Retirement System. This form will authorize SCERS to change the mailing address where we send all your retirement account information.

**Name Change:** The name you write below **must match your Social Security card**. If your name has changed, please submit a copy of one of the following **documents that has your new name** with this form:

- Social Security card
- Government-issued driver license or identification
- Passport/passport card
- Naturalization certificate

Please help us serve you by printing legibly.

| Member Information   |   |                        |
|--|---|------------------------|
| New or Current Name (First, Middle Initial, Last)  | Last 4 digits of your Social Security number: | Birthdate (mm/dd/yyyy) |
| Former Name, If Applicable (First, Middle Initial, Last)   |   |                        |
| New or Current Mailing Address (Include City, State, and Zip Code)   |   |                        |
| Home Email Address*  | Daytime Phone Number                          |                        |
| <b>Status (Check All That Apply)</b><br><input type="checkbox"/> Inactive or Separated Member <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary <input type="checkbox"/> Survivor <input type="checkbox"/> Power of Attorney for Member (attach)   |   |                        |
| <b>Check One or More That Apply</b><br><input type="checkbox"/> I am changing my name on record (required documentation attached) <input type="checkbox"/> I am changing my phone number on record.<br><input type="checkbox"/> I am changing my mailing address on record. <input type="checkbox"/> I am changing my home email address on record.* |   |                        |
| Signature and Date   |   |                        |
| Member's Signature   | Today's Date                                  |                        |

Once completed and signed, you may return the form with any applicable attachments by faxing it to 206.386.1506, mailing it to SCERS, 720 Third Avenue, Suite 900, Seattle, WA 98104, or by sending the document via secure message on your Member Self-Service account. You may also bring your documents to our offices at 720 Third Avenue, Suite 900, Seattle, WA 98104. **To protect your personal information, please do not email the form.**

**\*Member Self-Service Portal Contact Email Address must be changed by the member directly in the MSS Portal.**