



2246

Information Change Request

This form is for all PERS programs. Call or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

| | | | |
|-------------------|-------------------|-------------------|-------------------------|
| First name | MI | Last name | PERS ID |
| Home phone number | Work phone number | Cell phone number | Social Security number* |
| Email | | | |

Section B: Information change

Check any boxes that apply, and provide the requested information. Attach the requested proof as needed.

Change my email address to _____.

If you are working for a PERS-covered employer, you must submit the following changes through your employer(s).

Change my Social Security number from _____ to _____.
I have attached a photocopy of proof of my correct Social Security number (e.g., Social Security card, Social Security statement, etc).

Change my name from _____ to _____.
I have attached a copy of a legal document showing my current legal name (e.g., driver's license, divorce decree, court order, etc).

As of _____, my address will be:

| | | |
|------------------------|-------------------------|-----|
| Street/post office box | Apartment no./space no. | |
| City | State | ZIP |

Note: Address will be edited to conform with USPS standards.

Section C: Benefit recipient only

Continue to send my benefits directly to my financial institution.
(This address change is only for PERS' use in contacting me.)

Use this address change for mailing my monthly check to me.

Stop my direct deposit, and mail my check to me.

Send a duplicate copy of my 1099-R for _____ PERS/OPSRP IAP.
(year)

Section D: Applicant signature (Required)

Signature (do not print)

Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll-free 888-320-7377 or TTY 503-603-7766.

Verification of Age or Identity

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or are difficult to read. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number* on all documents submitted, including beneficiary forms.

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|---|--|
| <p>Group 1 If one item in this group is furnished showing birth dates, no further evidence of age is needed. Any ONE of these:</p> <ul style="list-style-type: none"> • Copy of Oregon driver’s license or ID card if issued on or after February 4, 2008 • Birth verification issued by state, county, or country (Documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official.) • American Indian Reservation Age Verification • Infant baptism certificate • Hospital birth certificate (if signed by attending physician or issued by state) • Passport (current or expired) • School-age record • Naturalization or citizenship papers • Family Bible record (If this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom.) | <p>Group 2 Two items in this group from different sources are sufficient if age or birth date is shown. Any TWO of these: Example: One child’s birth certificate and one driver’s license. Any ONE of these:</p> <ul style="list-style-type: none"> • A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.) • Certificate of military record • Marriage record (Record must show your age or date of birth at time of marriage.) • Copy of Oregon driver’s license or ID card if issued before February 4, 2008, or any other state’s license or ID card issued at any time • County voter registration (Must show your age or date of birth; do not send in your precinct card.) • Copy of child’s birth certificate if it shows age of parents • Social Security record (Record must be displayed on an estimate of benefits or screen print from the Social Security office. Document must be dated within last 12 months.) • Military ID (military record DD214) • Concealed weapons permit |
|---|--|

- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member’s Social Security number on all documents so they are properly recorded.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.
Reference: OAR 459-013-0040
FS 459-029 (2/14/2018)