



## NAME/ADDRESS CHANGE

PO Box 48380 Olympia, WA 98504-8380 ♦ www.drs.wa.gov  
 Toll Free: 1-800-547-6657 ♦ Olympia Area: 360-664-7000 ♦ TTY: 360-586-5450

**Status:** (check all that apply)     Inactive/Separated     Retired     Beneficiary     Legal Order Payee  
**Active members: Update your name and/or address through your employer(s).**

**Check all that apply:**     Public Employees'     School Employees' (non-teachers)     State Patrol  
 Teachers'     Law Enforcement Officers' & Fire Fighters'     Public Safety Employees'  
 Judicial     Deferred Compensation Program

**Identification – Please complete in full. Type or print in dark ink.**

|                                 |                            |   |                        |
|---------------------------------|----------------------------|---|------------------------|
| Full Name (Last, First, Middle) |                            | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security Number |
| Daytime Phone Number<br>(    )  | Date of Birth (MM/DD/YYYY) | E-mail Address  | Maiden Name            |

**Name Change – Complete only if your name has changed.**

The name you provide to us should be the same as on your social security card.

|                 |                                 |                               |
|-----------------|---------------------------------|-------------------------------|
| <b>Old Name</b> | Full Name (Last, First, Middle) | Effective date of name change |
| <b>New Name</b> | Full Name (Last, First, Middle) | MM/DD/YYYY                    |

**Address Change – Complete only if your address has changed.**

|                    |                 |     |                                  |
|--------------------|-----------------|-----|----------------------------------|
| <b>Old Address</b> | Mailing Address |     |                                  |
| City               | State           | ZIP |                                  |
| <b>New Address</b> | Mailing Address |     | Effective date of address change |
| City               | State           | ZIP |                                  |
|                    |                 |     | MM/DD/YYYY                       |

**Certification**

Note: If this form is completed by anyone other than the person identified in the above *Identification* section, a copy of either the power of attorney or court-appointed guardianship papers must be provided before the name or address will be changed.

I certify that my name or address was changed as shown above.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

If you have insurance coverage through the Washington State Public Employees Benefits Board (PEBB), we may share your information with PEBB to better serve you.

Department of Retirement Systems (DRS) requires that you provide your Social Security number for this form.

- DRS will use your Social Security number as a reference number and to ensure that any funds disbursed under your account are correctly reported to the IRS.
- DRS will not disclose your Social Security number unless required by law.
- Internal Revenue Code Sections 6041(a) and 6109 allow DRS to request your Social Security number.

