

MEMBER NAME AND/OR ADDRESS CHANGE



RETURN TO: Municipal Employees' Retirement System of Michigan
 1134 Municipal Way
 Lansing, MI 48917
 Phone: (800) 767-2308 • Fax: (517) 703-9706 Active
 Fax: (517) 703-9713 Retiree

- Active Member
 Retiree

PLEASE PRINT OR TYPE

Member Name (Last, First, Middle)	Social Security No. (last 4 digits only) -
Municipality Name	Municipality No.

MEMBER ADDRESS SECTION (<u>Complete only if address has changed</u>)			
Mailing Address			City
State	Zip Code	Email address	Daytime Phone No.
*<u>SEASONAL</u> MEMBER ADDRESS (<u>Residing dates:</u> Start: _____ End: _____)			
Mailing Address			City
State	Zip Code	Email address	Daytime Phone No.

MEMBER NAME CHANGE SECTION (<u>Complete only if name has changed</u>)
I certify that on _____ my name was changed from _____ <div style="text-align: center; font-size: small;">(date)</div> to my new name _____.
▶ ATTACH CERTIFIED COPY OF COURT ORDER OR MARRIAGE CERTIFICATE CONFIRMING NAME CHANGE.

Member Signature	Date
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NOTE: IF YOU WANT TO CHANGE YOUR BENEFICIARY, IT IS NECESSARY FOR YOU TO FILE A BENEFICIARY CHANGE REQUEST.

* Newsletters, 1099-R form, and mailed checks will go to your seasonal address or member address, depending on dates provided.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-800-767-2308 to request special accommodation.