



Name Change Authorization

Retiree _____
Vested/Proportionate _____

As a current member of the City of Austin Employees' Retirement System, I request the name change below be made effective:

Date Name Change Effective

Print New Name as shown on Social Security Card

Former Name

Social Security Number

Name Change Checklist

No name change will be made until the following documents have been received

- Copy of member's new social security card.
- W4-P Tax Form (*For retirees only*).
- Change of address form (*Only if needed*).

Signature

Date

Mail To: City of Austin Employees' Retirement System
418 E. Highland Mall Blvd.
Austin, TX 78752

June 2006