



NAME CHANGE FORM

Instructions

If you are a retired or terminated COAERS member and wish to change your name in our records, you will need to complete and sign this form and also provide:

- A. A copy of your corrected Social Security card; or a copy of a letter from a Social Security Office confirming your name change; or a copy of a Medicare Part B card that reflects your corrected Social Security name.
- B. A copy of your Driver's License, Passport or Department of Public Safety Issued ID
- C. A new W-4P federal tax withholding form with your new name. (For Retirees Only)

A. Previous Member Information

First Name	Middle Name	Last Name	Last 4 of SSN#	
Mailing Address		City	State	Zip Code
Date of Birth	Phone	Email Address		

B. New Member Information

First Name	Middle Name	Last Name
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C. Signature

Member Signature	Date
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