CHANGE OF NAME FORM

The form below is to be completed by an employee who wishes to make a name change on their pension record. Please complete the form and bring to Human Resources with appropriate documentation of name change.
STATE OF NEW JERSEY
Department of the Treasury — Division of Pensions and Benefits
PO Box 295, Trenton, New Jersey 08625-0295

AFFIDAVIT — CHANGE OF NAME

Retirement System:  □ Public Employees' Retirement System  □ Teachers' Pension and Annuity Fund
□ State Police Retirement System  □ Police and Firemen's Retirement System  □ Other

1. Previous Name

2. Membership Number _____________________________  3. Social Security Number _____________________________

4. Change the records of the Division of Pensions and Benefits
to reflect my name as _____________________________

5. Reason for Name Change _____________________________

6. My signature as previously written was _____________________________

7. My signature as it will be in the future is _____________________________

8. My present address is _____________________________
       (Street)
       (City, State, Zip Code)
       (Area Code) (Phone Number)

       (Your Signature)

State of _____________________________
County of _____________________________

Sworn and subscribed
before me this __________ day of __________, __________

Signature of Notary or
Commissioner of Deeds _____________________________

My Commission expires __________ / __________ / __________

Official Title _____________________________

Entered _________ Banner _________ Portal