

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

A photocopy of a valid NJ drivers license, Social Security Card or current Passport reflecting the members name change is required to process this application

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. Member signature as previously written _____

7. Member signature as it will be in the future _____

8. Present address is _____
(Street)

_____ *(City, State, Zip Code)*

_____ *(Area Code) (Phone Number)*

_____ *(Member Signature)*

State of _____

County of _____

Sworn and subscribed
before member this _____ day of _____, _____

Signature of Notary or
Commissioner of Deeds _____

Member's Commission expires _____ / _____ / _____

Official Title _____