

Instructions: Please use black ink and print clearly or type

**Member Information (Must be completed in all cases)**

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/ccyy) \_\_\_\_\_

Membership Status:     Member                       Benefit Recipient (Retiree or Beneficiary)

**Name Change/Correction**

ERSRI Member First Name

Middle Initial

Last Name

\_\_\_\_\_  
New First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
New Last Name

\_\_\_\_\_  
Effective Date of Change (mm/dd/ccyy): \_\_\_\_\_

**Address Change/Correction (new mailing address)**

Address

Home

Telephone no. (    ) \_\_\_\_\_

Business

Telephone no. (    ) \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Effective Date of Change (mm/dd/ccyy): \_\_\_\_\_

**Marital Status Change/Correction**

Marital Status and Effective Date of Change (mm/dd/ccyy)

Married: \_\_\_\_\_  Divorced: \_\_\_\_\_  Widowed: \_\_\_\_\_

**Member Authorization**

Member's Signature:

Date of Signature (mm/dd/ccyy)

\_\_\_\_\_

\_\_\_\_\_