



# Name or Address Change Former Members

124 W Capitol Ave Ste 400  
Little Rock, AR 72201-3704  
(501) 682-7800 • (800) 682-7377  
www.apers.org

I. Member Information			
APERS ID or SSN	First Name	Last Name	
II. Address Change Information			
Address	City	State	Zip Code
Primary Telephone Number	Secondary Telephone Number		
III. Name Change Information			
Name Change Reason (attach proof document) <input type="checkbox"/> Marital Status Change <input type="checkbox"/> Court Order	Marital Status Event <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment		Marital Status Date
Member First Name	Member Middle Name	Member Last Name	
Spouse First Name	Spouse Middle Name	Spouse Last Name	
Spouse Date of Birth	Spouse Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
IV. Member Authorization			
I authorize the Arkansas Public Employees' Retirement System (APERS) to make the address and name changes indicated above. I confirm I have attached a proof document to support my name change. I declare that these changes are not for reasons of evasion, deception, or fraud and that all information on this form is true and correct.			
Member Signature			Date
V. Notary Public Acknowledgment			
Before me, the undersigned notary, personally appeared the above-named person satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.			Affix seal or stamp here
State	County	Date Appeared	
Notary Public Signature		Date Commission Expires	