



## Name or Address Change Retirees

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

I. Retiree Information			
APERS ID or SSN	First Name	Last Name	
II. Address Change Information			
Address	City	State	Zip Code
Long-Term Care Facility? (Assisted Living, Nursing Home, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Long-Term Care Facility		
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	
Retiree First Name	Retiree Middle Name	Retiree 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. Retiree 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.			
Name of Person Completing Form	Signature of Person Completing Form		
Relationship to Retiree <input type="checkbox"/> Self <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Parent (of dependent child survivor)	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		