ARIZONA STATE RETIREMENT SYSTEM (ASRS)
CHANGE OF ADDRESS/NAME

PLEASE PRINT

COMPLETE AND SEND
TO:ASRS
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2096
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information (Please print.)

Social Security Number	Member Name (Last, First, Middle)	(First)	Middle Initial)

Date of Birth (MM/DD/YYYY)	Home Telephone Number ( )
Current ASRS Employer (if applicable)	Member Status: (Check One) Retired ☐ Non-Retired ☐ Refunding ☐ Other ☐
E-Mail Address	

SECTION 2 – Change of Address **Please indicate below where you would like ASRS information sent**:

In Care Of (If applicable)		Effective Date Of New Address
Mailing Address		
City	State	ZIP

Please add your home address below if different from above.

In Care Of (If Needed)		Effective Date of new Address
Mailing Address		
City	State	ZIP

SECTION 3 – Change of Name **A copy of the legal document establishing the name change must be included with this form (divorce decree, marriage license, passport, etc.)**

Name Currently On File With The ASRS
New Name

Member Signature	Date

Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a Class 6 felony per Arizona Revised Statutes § 38-793.