Office of the New York State Comptroller
NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Please type or print clearly in blue or black ink

NYSLRS ID

Received Date

Name Change Notice

RS 5483

Social Security Number [last 4 digits]

XXX-XX- | | | | |
|---|---|---|---|
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(Rev.10/18)

Old Name: (Last)	(First)	(M.I.)

New Name: (Last)	(First)	(M.I.)

Telephone Number:

Reason for Name Change:

☐ Change in Marital Status

☐ Other
(You must provide an original or certified copy of the documentation authorizing change)

Member Signature: (please sign using new name)	Date: (mm/dd/yy)

Personal Privacy Protection Law
The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-473-8017 in the Albany Area.

***Social Security Disclosure Requirement**
In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.