



**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.

<b>SECTION 1 – Member Information (Please print.)</b>			
Social Security Number	Member Name (Last)	(First)	Middle Initial)
Date of Birth (MM/DD/YYYY)		Home Telephone Number (    )	
Current ASRS Employer (if applicable)		Member Status: (Check One) Retired <input type="checkbox"/> Non-Retired <input type="checkbox"/> Refunding <input type="checkbox"/> Other <input type="checkbox"/>	
E-Mail Address			

<b>SECTION 2 – Change of Address Please indicate below where you would like ASRS information sent:</b>		
In Care Of (If applicable)	Effective Date Of New Address	
Mailing Address		
City	State	ZIP
<b>Please add your home address below if different from above.</b>		
In Care Of (If Needed)	Effective Date of new Address	
Mailing Address		
City	State	ZIP

<b>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.)</b>	
Name Currently On File With The ASRS	
New Name	

Member Signature	Date
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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.

