



Personal Information Change Form

Please print • See attached guide for details • Retain a copy for your records

1. Information about your employer

Name of employer*	Municipality number (4 digits)*	Date of hire/rehire (mm/dd/yyyy)* <input type="checkbox"/> Rehire?
MERS product(s): <input type="checkbox"/> Defined Contribution _____ 6 digit division code, starts 1- <input type="checkbox"/> Defined Benefit _____ 2 digit division code <input type="checkbox"/> Hybrid _____ Division code, starts H_		
Check all that apply: <input type="checkbox"/> Health Care Savings Program _____ 6 digit division code, starts 3- <input type="checkbox"/> .457 _____ 6 digit division code, starts 4-		
Your Division code can be found on your quarterly statements. Include numbers for each program you are making changes to.		

2. Information about you

Last name*	First name*	MI	Social Security Number*
Mailing address*		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mm/dd/yyyy)*
City*	State*	Zip code*	Daytime contact phone (area code and number)
Email address			Alternate phone (area code and number)
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Spouse first name	Spouse last name	
Spouse Social Security Number		Spouse date of birth (mm/dd/yyyy)	

3. Use this section ONLY for name change

Name change: Indicate reason for name change below and include appropriate certification

- Marriage** - Include copy of marriage certificate (remember to update your Beneficiary Form)
- Divorce** - Include a complete copy of judgment of divorce (remember to update your Beneficiary Form)
- Other** - Include copy of legal documentation of name change

New name	Previous name on record
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4. Signature

Participant signature*	Date (mm/dd/yyyy)*
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* Required field

Step-by-Step Guide to Completing the Personal Information Change Form

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

1. Information about your employer

Missing or incorrect information in this section may delay processing. You can get all of this information from your employer. Your six-digit division code can be found on your quarterly statements (it may be called either "Division Code" or "Plan #"). Please provide division code(s) for each program you are changing with this form.

2. Information about you

This section gathers basic information about you – your full name, Social Security number, primary mailing address, gender, date of birth, daytime phone number, and email address. If the address information entered here is different from what MERS has on file for you, we will use this to update your records.

Marital information

This section is for information about your spouse.

Under Marital status, check either "Single" or "Married."

If married, print your spouse's full name, Social Security number, and date of birth.

3. Name Change – Use this section ONLY if you have a name change

If your name has changed due to marriage, divorce or any other reason, please check the appropriate box in this section, and print your "New name" and "Previous name on record" in the boxes provided.

- If you check the box marked "Marriage," please include a copy of your marriage certificate. Also, please remember to update your *Beneficiary Designation Form(s)* for each MERS program in which you are enrolled.
- If you check the box marked "Divorce," please include a copy of your judgment of divorce. Also, please remember to update your *Beneficiary Designation Form(s)* for each MERS program in which you are enrolled.
- If you check the box marked "Other," please include a copy of the legal documentation for your name change.

4. Signature

Please sign and date the form.

Submitting this form:

- If you are an active member:

Please give it to your current employer

Employer: Retain a copy for your records and submit a copy to MERS.

- If you are no longer with the employer, please mail or fax it to MERS at:

Municipal Employees' Retirement System of Michigan

1134 Municipal Way
Lansing, MI 48917

Fax: 517.703.9706

Questions? Please contact us at 800.767.MERS (6377).

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 800.649.3777. If you have other disabilities, contact MERS at 800.767.MERS (6377) to request special accommodations.