

RETIREE/SURVIVOR UPDATE FORM

I request that the Municipal Employees' Retirement System make the following changes to my retirement account:

COMPLETE ONLY INFORMATION THAT NEEDS TO BE CHANGED.

NEW ADDRESS:

CURRENT NAME: _____

NEW NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DEATH OF BENEFICIARY: (Attach Certified Copy of Death Certificate)

NAME: _____ **SSN (last 4 digits only):** _____

DATE OF DEATH: _____ **RELATIONSHIP:** _____

PRINT NAME: _____

RETIREE/SURVIVOR/POA SIGNATURE: _____

DATE: _____ **MEMBER SSN (last 4 digits only):** _____

THIS FORM MAY BE FAXED OR MAILED TO THE ABOVE ADDRESS.