



ALLEGHENY COUNTY
EMPLOYEES' RETIREMENT SYSTEM

CHANGE OF NAME/ADDRESS

- Name Change Only (Must provide marriage license or official document for name change.)
- Address Change Only
- Name and Address Change (Must provide marriage license or official document for name change.)

Name _____ Previous Name, if applicable _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Last 4 SSN _____

Effective Date _____ (If address provided is in advance of a move.)

This request is being completed by:

- Retiree / Survivor / Deferred Vest Member (Active members must change their address with the Controller's Payroll Department)
- Power of Attorney (Please include POA if not previously provided to Retirement Office.)

Signature _____ Date _____

RETIREMENT OFFICE USE ONLY	
Member #	_____
Comments	

Complete and return to: