



MoDOT & Patrol Employees' Retirement System
 PO Box 1930 • Jefferson City, MO 65102-1930
 Phone: (573) 298-6080 • (800) 270-1271
 Fax: (573) 522-6111 • Email: mpers@mpers.org
 Website: www.mpers.org

Change of Personal Information

1. Complete each section of the form.
2. Enter **Previous and New Information** for each item you wish to change. (*If name change, attach proof document.*)
3. Sign, date, and return the form to MPERS.

Personal Identification

Social Security Number: XXX – XX –	Effective Date of Change(s):
Name: (Last) _____ (First) _____ (MI) _____	

Requested Change(s)

- Change **only** those items that apply to this request.
- For each item that you wish to change, show the **Previous Information and** the **New Information**.
- If changing **Name**, attach copy of document showing proof of change (e.g. marriage certificate, divorce decree, etc.).

Item(s) to Change	Previous Information	New Information
Name: <i>(First, MI, Last)</i> <i>(attach proof doc)</i>		
Mailing Address:	_____ _____ _____	_____ _____ _____
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Work Phone:		
Home Phone:		
Cell Phone:		
Email Address:		

Signature

Signature:	Date:
------------	-------

This form must be signed by the member, benefit applicant, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, conservator, or guardian. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached (unless already on file at MPERS). If a court appointed conservator or guardian completes and signs the form, a certified copy of the appointment must be attached (unless already on file at MPERS).