TMRS Address or Name Change Form

Please use only black ink and do not highlight. Any corrections or whiteouts must be initialed.

TMRS members and retirees (or other persons receiving a TMRS monthly benefit) may use this form to make Address or Name changes to their TMRS account. After you have completed and signed this form, **please fax to (512) 476-5576 or mail to P.O. Box 149153, Austin TX 78714-9153**. If you fax the form, please retain the original for your records. If you have any questions regarding this form or any other matter, please call (800) 924-8677.

Please complete this section:

Full Name (first, middle, last) _____ Social Security Number ___ - __ - ____

Date of Birth MM / DD / YYYY _____ Current or Last Employing City _____ Daytime Phone Number ( ) ___ - ____

Complete this section only if you are changing your mailing address.

My New Mailing Address is:

New Mailing Address (number and street) _____

City _____ State _____ Zip Code ___ - ____

Daytime Phone Number ( ) ___ - ____ Evening Phone Number ( ) ___ - ____

E-mail Address _____

Complete this section only if you are changing your name.

This section should only be completed if your name has changed and does not match the name currently on record with TMRS.

Old Full Name (first, middle, last) _____

New Full Name (first, middle, last) _____

Reason for Change: ☐ marriage ☐ divorce ☐ court order

NOTE: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree (Name Change Section), or Court Order.

REQUIRED

Please sign and date this section:

I hereby affirm that the information on this form is true and correct and authorize the Texas Municipal Retirement System to update my TMRS account with this information.

X _____ Your Signature MM / DD / YYYY Date signed

TMRS P.O. Box 149153 Austin, TX 78714-9153 (800) 924-8677
www.TMRS.com TMRS-CHNG Revised 5-2004
FAX: (512) 476-5576

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