



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS**

P.O. Box 295, Trenton, NJ 08625-0295

**AFFIDAVIT OF NAME AND/OR GENDER CHANGE**

**For name changes, attach a photocopy of a valid N.J. driver’s license, Social Security card, or current passport reflecting your name change. For gender changes, attach a copy of the court document reflecting the gender change. This application will not be processed without the required documentation.**

I am changing my  Name  Gender  Both

Retirement System  Public Employees’ Retirement System  Teachers’ Pension and Annuity Fund  
 State Police Retirement System  Police and Firemen’s Retirement System  
 Other

Previous Name \_\_\_\_\_

Membership Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Change the records of the NJDPB to reflect my gender as  Male  Female  Non-Binary

Change the records of the NJDPB to reflect my name as \_\_\_\_\_

Reason for name change \_\_\_\_\_

Member signature as previously written \_\_\_\_\_

Member signature with changed name \_\_\_\_\_

Present address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City, State, Zip Code*

\_\_\_\_\_ *Area Code and Phone Number*

\_\_\_\_\_ *Member Signature*

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed before member this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Notary or Commissioner of Deeds \_\_\_\_\_

Member’s Commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Official Title \_\_\_\_\_