



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS

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

AFFIDAVIT OF NAME CHANGE

Retirement System:

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

A photocopy of a valid N.J. Driver's License, Social Security Card, or current Passport reflecting the member's name change is required to process this application.

1. Previous Name _____

2. Membership Number _____ 3. Social Security # _____

4. Change the records of the NJDPB to reflect my name as _____

5. Reason for Name Change _____

6. Member signature as previously written _____

7. Member signature with changed name _____

8. 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 _____