



Georgia Municipal Employees Benefit System (GMEBS)

The Burgess Building

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REQUEST FOR CHANGE OF NAME

Section 1

(To Be Completed by Person Requesting Change)

Note: You may change your name in the records of GMEBS by submitting with this form along with a copy of one of the following documents indicating the new name: a marriage certificate, a divorce order that restores you to a prior name, an entry of change of name issued by a probate court in Georgia or another state, or a copy of a Social Security card reflecting your new name. Please do not send originals.

I hereby request that my records in connection with the Defined Benefit Retirement Plan of the

_____ be changed as follows:
(print name Employer)

Change my name:

From (print old name): _____
(Last) (First) (Middle)

To (print new name): _____
(Last) (First) (Middle)

Reason for Change: Marriage Court Order Other (describe): _____

Effective Date of Change: _____

(Signature of Person Requesting Name Change)

(Social Security Number)

Section II

(To Be Completed by Pension Committee Secretary)

On this date, before me personally came the person who to the best of my knowledge and belief, is the person named above as the requester and who executed, by his signature or mark, the foregoing request.

Date _____
(month) (day) (year)

(Signature of Pension Committee Secretary)