

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724

TEL: (347) 643-3000
EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Name Change Affidavit

This application is for members who wish to change their name that NYCERS has on file. It is important to provide proof of name change, such as a court order, a copy of a marriage certificate or divorce papers, in order for your application to be processed. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Membership/
Pension # _____ Last 4 Digits of Social Security # _____

Address _____ Apt. _____
Number _____

In Care of
(if applicable) _____

City _____ State _____ Zip
Code _____

Daytime Number (____) _____

To NYCERS

I, the undersigned, am employed in the Department of _____
or retired from service on ____/____/____
M M D D Y Y Y Y

I request that my name be changed on NYCERS records from:

First Name _____ Middle Initial _____

Last Name _____

TO

First Name _____ Middle Initial _____

Last Name _____

Signature of Member _____ Date ____/____/____
M M D D Y Y Y Y

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____

On this _____ day of _____, 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or
Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

If you have an official seal, affix it.

