



Name Change Form

Part 1 – Former Name

Former Name					
Member ID #		Date of Birth (MM/DD/YYYY)		Social Security #	XXX-XX- ____-__

PART 2 – New Name

First Name	Middle Name	Last Name
Street Address, City, State, Zip Code		
Email Address		
Daytime Phone		
<p>My name has changed as a result of: (Choose one)</p> <p><input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Court Order <input type="checkbox"/> Adoption <input type="checkbox"/> Other (Please specify) _____</p> <p>*If you are changing your name due to marriage or divorce, SURS recommends that you review/update your beneficiary information. You can do this by logging into your SURS member homepage at www.surs.org, and navigating to the “Beneficiaries” link, or by calling the number provided below.</p> <p>NOTE: To accept a name change, SURS must also receive supporting documentation in addition to this form. Valid documentation includes marriage certificate, divorce decree, adoption certificate or court order.</p>		

Member Signature

Date

Mail original form to: SURS, 1901 Fox Drive, Champaign, IL, 61820-7333, 1-800-275-7877
Faxes will not be accepted