



SURS Name Change Form

Part 1 – Former Name

Former Name					
Member ID #		Date of Birth		Social Security #	XXX-XX-____

PART 2 – New Name

New Name					
Street Address City, State, Zip Code					
Email Address					
Daytime Phone					

My name has changed as a result of: (Choose one)

	<input type="checkbox"/> Marriage* <input type="checkbox"/> Divorce* <input type="checkbox"/> Court Order <input type="checkbox"/> Adoption <input type="checkbox"/> Other
	If other, please specify: _____

*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.

For SURS 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 Court Order
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Signature		Date	
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Mail original form to: SURS, P.O. Box 2710, Champaign, IL 61825-2710, 1-800-275-7877
Faxes will not be accepted

PART 3 – For SURS use only

SURS Authorized Signature:	Phone Number:	Date:	Contract Number: