



## 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 <a href="http://www.surs.org">www.surs.org</a>, and navigating to the “Beneficiaries” link, or by calling the number provided below.</p> <p><b>NOTE:</b> To accept a name change, SURS <b>must also receive</b> supporting documentation in addition to this form. Valid documentation includes <b>marriage certificate, divorce decree, adoption certificate or court order.</b></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**

### PART 3 – For SURS use only

SURS Authorized Signature	Phone Number	Date	Contract Number