



Change Name

PURPOSE

Use this form to update your TCDRS account with your new name.

NOTICE

All name changes must be submitted to TCDRS in writing by fax or mail, and signed by the member or annuitant.

MEMBER/ANNUITANT INFORMATION

| | | | |
|----------------------------|--------------|-------------|-------------|
| SSN * | FIRST NAME * | MIDDLE NAME | LAST NAME * |
| Old Name: _____ | | | |
| EFFECTIVE DATE OF CHANGE * | | | |

OLD ADDRESS

| | | | | |
|-----------------|----------------------|----------------------|------------|----------|
| MAILING ADDRESS | APT/STE # | CITY | STATE | ZIP CODE |
| E-MAIL ADDRESS | EVENING PHONE NUMBER | DAYTIME PHONE NUMBER | FAX NUMBER | |

NEW ADDRESS

| | | | | |
|------------------|----------------------|----------------------|------------|------------|
| MAILINGADDRESS * | APT/STE # | CITY * | STATE * | ZIP CODE * |
| E-MAIL ADDRESS | EVENING PHONE NUMBER | DAYTIME PHONE NUMBER | FAX NUMBER | |

MEMBER/ANNUITANT CERTIFICATION

| | |
|-------------------------------------------------------------------------------------------------------------|------|
| I hereby authorize the Texas County & District Retirement System to update my address to that listed above. | |
| X SIGNATURE | DATE |



* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.