

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
**One Union National Plaza, Suite 400**  
**124 West Capitol**  
**Little Rock, AR 72201**

**REQUEST FOR CHANGE OF NAME – RETIREE**

**Attn: Benefit Accounting**

In accordance with the laws, rules and regulations governing the Public Employees Retirement System of the State of Arkansas, I, \_\_\_\_\_, enrolled as a retiree of the System under Social Security Number \_\_\_\_\_, hereby authorize and request that my name, which is currently written as \_\_\_\_\_ on my records in the System, be changed to \_\_\_\_\_ which is now my official name and corresponds to my official signature. I do hereby declare that this change is not for reasons of evasion, deception or fraud. A copy of any court order or other documentation, if applicable, regarding the change in my name is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Street Address or P. O. Box

\_\_\_\_\_  
City, State ZIP