



## Address or Name Change Form

Wayne County Employees' Retirement System (WCERS) members and retirees (or other persons receiving a monthly benefit from WCERS) may use this form to make address or name changes to their WCERS account. After you have completed and signed this form, please fax to (313) 224-1917 or mail to 28 West Adams, Suite 1900, Detroit MI 48226.

### Please complete this section:

_____		XXX - XX -
Full Name (first, middle, last)		Social Security Number
/	/	( ) -
_____	_____	_____
Date of Birth	Employee ID Number	Daytime Phone Number

### Complete this section only if you are changing your mailing address

#### My New Mailing Address is:

\_\_\_\_\_

New Mailing Address (number and street)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

( ) -

( ) -

\_\_\_\_\_

Daytime Phone Number

\_\_\_\_\_

Evening Phone Number

\_\_\_\_\_

E-mail Address (I understand that I will receive all correspondence electronically in the future by including my email address above, and that I can cancel this request at any time.)

### Complete this section only if you are changing your name

This section should only be completed if your name has changed and does not match the name currently

\_\_\_\_\_

Old Full Name (first, middle, last)

\_\_\_\_\_

New Full Name (first, middle, last)

Reason for Change:  marriage  divorce  court order

**NOTE: If you are completing this section, a photocopy of one of the following documents is required with this form: Marriage Certificate, Divorce Decree, or Court Order.**

### REQUIRED - Please sign and date this section.

I hereby affirm that the information on this form is true and correct and authorizes Wayne County Employees Retirement System to update my WCERS account with this information.

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Date Signed

