



## Employees' Retirement System of Rhode Island

### CHANGE OF INFORMATION

**IMPORTANT:** If you are an active member, please contact your employer directly for any name or address change.

Please print clearly in black ink.

#### Section 1 – Member information (must be completed in all cases)

Date of birth (mm/dd/yyyy)

Social Security number (4 last digits only)

Membership status: ☐ Member

☐ Benefit recipient (retiree or beneficiary)

#### Section 2 – Name change for retirees, beneficiaries or deferred pensioners

**Please note:** If you are an active member, contact your employer directly for any name change or correction.

ERSRI First and middle names

ERSRI Last name

New First and middle names

New Last name

M	M	D	D	Y	Y	Y	Y
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Effective date of change

#### Section 3 – Address change for retirees, beneficiaries or deferred pensioners (mailing address)

**Please note:** If you are an active member, contact your employer directly for any address change or correction.

Address (street number, street name and apartment number)

City

State

Zip code

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Home phone number (area code and number)

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Business phone number (area code and number)

Email address

M	M	D	D	Y	Y	Y	Y
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Effective date of change

#### Section 4 – Marital status change

Marital status: ☐ Married

☐ Divorced

☐ Widowed

M	M	D	D	Y	Y	Y	Y
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Married (effective date of change)

M	M	D	D	Y	Y	Y	Y
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Divorced (effective date of change)

M	M	D	D	Y	Y	Y	Y
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Widowed (effective date of change)

#### Section 5 – Member authorization

I, the undersigned, hereby certify that the information provided above is correct to the best of my knowledge.

Member signature

M	M	D	D	Y	Y	Y	Y
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Date of signature

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island  
50 Service Avenue 2<sup>nd</sup> Floor  
Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691  
Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)