

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
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CHANGE OF INFORMATION FORM

Instructions: Please use black ink and print clearly or type.

MEMBER INFORMATION (Must be completed in all cases)

SOCIAL SECURITY NUMBER

DATE (mm/dd/ccyy) OF BIRTH:

MEMBERSHIP STATUS: MEMBER BENEFIT RECIPIENT (RETIREE OR BENEFICIARY)

NAME CHANGE/CORRECTION

ERSRI MEMBER FIRST NAME

MIDDLE INITIAL

LAST NAME

NEW FIRST NAME

MIDDLE INITIAL

NEW LAST NAME

EFFECTIVE DATE (mm/dd/ccyy) OF CHANGE: / /

ADDRESS CHANGE/CORRECTION (new mailing address)

ADDRESS

HOME

TELEPHONE NO: ()

ADDRESS

BUSINESS

TELEPHONE NO: ()

CITY

STATE:

ZIP CODE

PROVINCE

COUNTRY

EFFECTIVE DATE (mm/dd/ccyy)
OF CHANGE: / /

E-MAIL
ADDRESS:

MARITAL STATUS CHANGE/CORRECTION

MARITAL STATUS AND EFFECTIVE DATE OF CHANGE (mm/dd/ccyy)

MARRIED: / / DIVORCED: / / WIDOWED: / /

MEMBER AUTHORIZATION

MEMBER'S
SIGNATURE:

DATE (mm/dd/ccyy)
OF SIGNATURE:

/ /