



Arkansas
Teacher
Retirement
System

1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
FAX (501) 682-2359
Website - www.atrs.state.ar.us
Email - info@atrs.state.ar.us

Change of Address/Name Form
Complete Section A and/or B as Applicable

Social Security Number Employer
Name (Last, First and Middle initial
Daytime Phone Number Message Number

SECTION A: CHANGE OF MAILING ADDRESS

Old Address (Number and Street)
City/State/Zip
New Address (Number and Street)
City/State/Zip
County

SECTION B: CHANGE OF NAME

Previous Name (Last, First and Middle Initial)
New Name (Last, First and Middle Initial)

Please provide a copy of one of the following with this request:

- 1. a copy of your marriage certificate
- 2. a copy of your divorce decree restoring your former name
- 3. a copy of the court order whereby you have legally changed your name

*If you are unable to provide one of the documents listed above, please complete the Name Change Affidavit in the following section.

Member's Signature _____ Date _____

***NAME CHANGE AFFIDAVIT**

I hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account for ATRS be maintained under my new name listed in Section B.

To Be Completed By Notary Public (Notary Seal)

State of _____)
County of _____)

This voluntary act sworn before me on this _____ day of _____, 20 _____.

Notary Signature _____ My commission expires: _____