

Utah Retirement Systems PO Box 1590 Salt Lake City, UT 84110-1590 801-366-7770 | 800-695-4877 www.urs.org

## **Change in URS Records**

**INSTRUCTIONS:** 1. Use this form to update the following with URS; Address change, name change and/or marital status.

3. Complete Sections A and E for all changes.

- 4. Complete Sections B, C and/or D where changes are needed.
- 5. Supporting documentation is required if you are submitting a name change.
- 6. Type or print clearly using black ink. Sign and return to URS.

## SECTION A » MEMBER INFORMATION

Name (First, Middle, Last)			Social Security Number or Account Number		
		:			
SECTION B » ADDRESS CHANGE/CORRECTION (List new address here.)					
Complete this section to update or correct your address on file with URS. Mailing Address					
inding / ddiess					
City			State	Zip	
			State	Σiμ	
Drimon, Dhana Mumhan	Casandary Dhana Numhar	Email Address			
Primary Phone Number	Secondary Phone Number	Email Address			
SECTION C » NAME CHANGE					
Complete this section to notify URS that your name has changed. Supporting documentation is required. URS will accept the following as supporting					
documentation: a valid driver's license, government-issued identification (examples: valid passport, military identification), a marriage certificate, or court-					
order legal documents.					
Previous First Name Previous Middle Name		Previous Last Name			
New First Name New Middle Name		New Last Name			
SECTION D » MARITAL STATUS CHANGE					
Complete this section to notify URS that your marital status has changed.					
Married M	Married Marriage Date Spouse Name				
	ate of Diverse	Spouse Date of Birth			
Divorced D	ate of Divorce				
Widowed S	pouse Date of Death				
<b>Note:</b> A divorce or annulment revokes your designation of a former spouse as a beneficiary. If you wish to re-designate your former spouse as a beneficiary, submit a Beneficiary Designation Form (MECF-1B) to URS after the date of divorce.					
SECTION E » MEMBER AUTHORIZATION					
By signing below, I hereby certify that the information I have provided on this form is true, complete, and correct.					
Member's Signature				Date	