



Utah Retirement Systems

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www.urs.org Fax: 801-366-7759

CHANGE IN URS RECORDS

Submit Online: www.urs.org/us/messagecenter

- INSTRUCTIONS:**
1. Please type or print clearly using black ink.
 2. Complete Sections A and E for all changes.
 3. Complete Sections B, C and/or D where changes are needed.
 4. Supporting documentation is required if you are submitting a name change.
 5. Sign and return to URS.

SECTION A » MEMBER INFORMATION		Social Security # or Account # - Please print clearly -	
Name (First, Middle, Last)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SECTION B » ADDRESS CHANGE/CORRECTION (List new address here.)			
Mailing Address			
City		State	Zip
Cell Phone Number ()	Alternate 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-ordered 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.			
<input type="checkbox"/> Married	Marriage Date _____	Spouse Name _____	
		Spouse Date of Birth _____	
<input type="checkbox"/> Divorced	Date of Divorce _____		
<input type="checkbox"/> Widowed	Spouse Date of Death _____		
Note: A divorce or annulment revokes your designation of a former spouse as a beneficiary. If you wish to redesignate your former spouse as beneficiary, submit a <i>Beneficiary Designation Form</i> (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.			
Signature		Date	