

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
124 WEST CAPITOL, SUITE 400  
LITTLE ROCK, AR 72201

REQUEST FOR CHANGE OF NAME

In accordance with the laws, rules, and regulations governing the Public Employees Retirement System of the State of Arkansas, I, \_\_\_\_\_, enrolled as a member of Public Employees Retirement System under Social Security number \_\_\_\_\_ and employed with (agency) \_\_\_\_\_ hereby authorized and request that my name, which is written as \_\_\_\_\_ on my records in the Public Employees Retirement System, be changed to \_\_\_\_\_ which is now my official name and corresponds to my official signature. I do hereby declare that this change is not for reasons of evasion, deception or fraud. A copy of any court order or other documentation, if applicable, regarding the change in name is attached.

Respectfully authorized and requested,

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

Note: If you require beneficiary information, contact APERS or your personnel officer.