

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
ONE UNION NATIONAL PLAZA, 124 WEST CAPITOL  
LITTLE ROCK, ARKANSAS 72201**

8/00

**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 wish to change your beneficiary, contact your personnel or payroll office for proper forms.