

## MEMBER NAME AND/OR ADDRESS CHANGE

- Active Member  
 Retiree

PLEASE PRINT OR TYPE

Member Name (Last, First, Middle)	Social Security No. (last 4 digits only)
Tribe Name	Tribal Code No.

### MEMBER ADDRESS SECTION (Complete only if address has changed)

Street Address			City
State	Zip Code	email address	Daytime Phone No.
* <b>SEASONAL MEMBER ADDRESS</b> ( <i>Residing dates:</i> Start: _____ End: _____)			
Street Address			City
State	Zip Code	email address	Daytime Phone No.

### MEMBER NAME CHANGE SECTION (Complete only if name has changed)

I certify that on \_\_\_\_\_ my name was changed from \_\_\_\_\_  
 (date)

to my new name \_\_\_\_\_.

▶ ATTACH CERTIFIED COPY OF COURT ORDER OR MARRIAGE CERTIFICATE CONFIRMING NAME CHANGE.

Member Signature	Date
------------------	------

**NOTE: IF YOU WANT TO CHANGE YOUR BENEFICIARY, IT IS NECESSARY FOR YOU TO FILE A BENEFICIARY CHANGE REQUEST.**

**RETURN TO:** Tribal Government Retirement System c/o TGRS-MERS  
 1134 Municipal Way  
 Lansing, MI 48917  
 Phone: (877) 641-8477 • Fax: (517) 703-9706

\* Newsletters, 1099-R form, and mailed checks will go to your seasonal address or member address, depending on dates provided.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact TGRS-MERS at 1-877-641-8477 to request special accommodation.