

Address or Name Change

In order to notify MFPRSI of a name or address change, please complete this form and email it to pensions@mfprsi.org. Please note that the IRS requires tax forms be mailed to street addresses and not P.O. Boxes. **For your protection, MFPRSI requires a hand-written signature from the member to authorize an address change.**

Address Change

Complete the Address Change section if you have moved and are notifying MFPRSI of an address change. If you are notifying MFPRSI of a name change, please complete the section below.

New Address: _____
 Street P.O. Box (if applicable)

_____ City State Zip

Last 5 Digits of SSN: _____ **Email:** _____

Phone: _____

Please sign and date at the bottom of the form.

Name Change

Complete the Name Change section if you are changing your name.

Previous Name: _____
 First Name Middle Initial Last Name

Current Name: _____
 First Name Middle Initial Last Name

Last 5 Digits of SSN: _____ **Email:** _____

Phone: _____

Please sign and date below.

Signature

Provide your printed name, signature, and date of signature if you are notifying us of either an address change or a name change.

Print Name: _____

Signature: _____ **Date:** _____