



Montana Public Employee Retirement Administration  
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(406) 444-3154 • Toll Free (877) 275-7372  
<http://mpera.mt.gov>

## NAME CHANGE FORM

For retired and inactive members only. Current members must submit name changes through employer.

PREVIOUS NAME		
Last Name	First	Middle
NEW NAME		
Last Name	First	Middle
RETIREMENT SYSTEM		
<b>Check all that apply:</b>		
<input type="checkbox"/> I am a member of a retirement system administered by MPERA.		
<input type="checkbox"/> I am an alternate payee/beneficiary of _____ (name of member).		
MEMBER INFORMATION		
Social Security Number*	Employing Agency	
-   -		
Member's Mailing Address		
City	State	Zip Code
Daytime Phone Number	Email Address	
(   )		
<b>Reason for Name Change:</b>		
<input type="checkbox"/> My marital status has changed.		
<input type="checkbox"/> Other: Specify reason _____		
SIGNATURE AND DATE (required)		
<input type="checkbox"/> I have attached a copy of the Court Order, Marriage License, Divorce Decree, or new Social Security Card documenting my name change (documentation is required).		
Signature	Date	

\* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.