

STATE OF NEW JERSEY
Department of the Treasury—Division of Pensions and Benefits
PO Box 295 Trenton, New Jersey 08625-0295

AFFIDAVIT — CHANGE OF NAME

Retirement System: Public Employees' Retirement System Teachers' Pension and Annuity Fund
 State Police Retirement System Police and Firemen's Retirement System Other

1. Previous Name _____

2. Membership Number _____ 3. Social Security Number _____

4. Change the records of the Division of Pensions and Benefits
to reflect my name as _____

5. Reason for Name Change _____

6. My signature as previously written was _____

7. My signature as it will be in the future is _____

8. My present address is _____
(Street)

(City, State, Zip Code)

(Your Signature)

State of _____

County of _____

Sworn and subscribed
before me this _____ day of _____,

Signature of Notary or
Commissioner of Deeds _____

My Commission expires _____ / _____ / _____

Official Title _____

[Handwritten Signature]