New Hampshire Retirement System
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info@nhrs.org | www.nhrs.org

PERSONAL INFORMATION CHANGE FORM

Please complete the applicable areas.

SECTION I – CHANGE OF CONTACT INFORMATION

Name (if retired, as it appears on check or non-negotiable)	Social Security Number (last four digits)
Are you currently receiving an NHRS monthly benefit? ☐ Yes ☐ No	Employer's Name (if currently employed)
Old Street Address	New Street Address
Old City, State, ZIP Code	New City, State, ZIP Code
Old Phone Number	New Phone Number
Old Email Address	New Email Address

For email changes: ☐ Send *NHRS Email Updates* to my new address ☐ Sign me up for *NHRS Email Updates*

Note: This form does not change the email address you use to log in to *My Account*. To change it, log in to *My Account* and update it there.

SECTION II – CHANGE OF NAME

Please provide proof of name change (marriage certificate, legal document, etc.)

Former Name	
Current Name	Effective Date

SECTION III – SIGNATURE

Please provide your signature to authorize the requested change.

Printed Name	
Signature	Date

SECTION IV – FOR OFFICE USE ONLY

ANNUITANT	**ACTIVE**
Retirement #	By
Employer #	Date
By	
Date	

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