

**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 \_\_\_\_\_