CHANGE OF SURNAME

PLEASE PROVIDE NEW DOCUMENTATION AS PROOF OF NAME CHANGE

(DRIVER'S LICENSE AND SOCIAL SECURITY CARD)

NAME OF RETIREE OR BENEFICIARY:

LAST: _____ FIRST: _____

PLEASE CHANGE SURNAME TO:

LAST: _____ EFFECTIVE DATE: _____

IF YOUR ADDRESS HAS CHANGED, PLEASE PROVIDE US WITH AN UPDATED ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

TO SUBMIT BY E-MAIL CLICK *HERE*, OR MAIL TO THE ADDRESS BELOW.

GENERAL EMPLOYEES' RETIREMENT PLAN – PENSION OFFICE
110 SE WATULA AVENUE · OCALA, FLORIDA 34471
(352) 629-8372 Office (352) 401-6942 Fax