

PUBLIC SCHOOL RETIREMENT SYSTEM
OF THE CITY OF ST. LOUIS
3641 OLIVE STREET, SUITE 300
ST. LOUIS, MO 63108-3601

OFFICE OF THE
EXECUTIVE DIRECTOR

PHONE: (314) 534-7444
FAX: (314) 533-0531

NAME CHANGE REQUEST

It is very important that you receive correspondence from the Public School Retirement System. Such correspondence may include tax information, pension pay increase notices, beneficiary information, and general information about the Retirement System.

To change your name on file with our office, please send a copy of legal documentation, complete and sign the bottom of this letter and return it to:

Public School Retirement System of the City of St. Louis
3641 Olive Street, Suite 300
St. Louis, Missouri 63108-3601

EFFECTIVE DATE : _____

MEMBER NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

SIGNATURE: _____ **DATE:** ____/____/____

TELEPHONE NUMBER: (____) _____

SOCIAL SECURITY NUMBER: _____

ACTIVE

RETIRED

ACTIVE CHARTER SCHOOL

INACTIVE/NOT RETIRED