**CHANGE OF INFORMATION FORM**

**EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND**
40 Fountain Street, 1st Floor
Providence, RI 02903 – 1854
Office (401) 457-3900, Fax (401) 222-2430
Email: ersri@ersri.org Web Site: www.ersri.org

**Instructions:** Please use black ink and print clearly or type.

### MEMBER INFORMATION (Must be completed in all cases)

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE (mm/dd/ccyy) OF BIRTH:</th>
</tr>
</thead>
</table>

### MEMBERSHIP STATUS: ☐ MEMBER  ☐ BENEFIT RECIPIENT (RETIREE OR BENEFICIARY)

### NAME CHANGE/CORRECTION

<table>
<thead>
<tr>
<th>ERSRI MEMBER FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW FIRST NAME</td>
<td>MIDDLE INITIAL</td>
<td>NEW LAST NAME</td>
</tr>
</tbody>
</table>

| EFFECTIVE DATE (mm/dd/ccyy) OF CHANGE: / / |

### ADDRESS CHANGE/CORRECTION (new mailing address)

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>HOME TELEPHONE NO: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>BUSINESS TELEPHONE NO: ( )</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE:</td>
</tr>
<tr>
<td>PROVINCE</td>
<td>COUNTRY</td>
</tr>
</tbody>
</table>

| EFFECTIVE DATE (mm/dd/ccyy) OF CHANGE: / / | E-MAIL ADDRESS: |

### MARITAL STATUS CHANGE/CORRECTION

| ☐ MARRIED: / / | ☐ DIVORCED: / / | ☐ WIDOWED: / / |

### MEMBER AUTHORIZATION

| MEMBER's SIGNATURE: | DATE (mm/dd/ccyy) OF SIGNATURE: / / |