

Name Change Form

DIRECTIONS

This form is for retirees or former employees who would like to change their name.

Current employees can contact the Department of Human Resources and log in to www.icmarc.org to obtain a Name Change Form from ICMA-RC, if applicable.

STEP 1

Please fill out your form, typed or printed in ink, and remember to sign.

STEP 2

Submit your form...

...during our walk-in hours, Monday thru Friday, 10AM-12PM and 1PM-3P, with a photo ID

or

...by mailing your form to: Richmond Retirement System 730 E. Broad Street, Suite 900 Richmond, VA 23219

STEP 3

Forms are processed the 15th of each month.

THANK YOU!

RRS USE ONLY		
Date Processed:		
Reviewed By:		
ID Verified:		

PART A. MEMBER INFORMATION			
Social Security #			
Mailing Address			
City/State/ZIP			
Phone Number			
Email Address			
PART B. OLD AND NEV	V NAME		
OLD First Name	NEW	W First Name	
OLD Last Name	NEW	W Last Name	
OLD Middle Initial	NEW	W Middle Initial	
PART C. ATTACH 1 TO FORM			
A marriage certificate The court document named below: A divorce order			
PART D. CERTIFICATION			
I hereby authorize the RRS to change my name; documentation is attached.			
I am the member			
I am a Power of Attorney or guardian, and documentation is attached			
Signature	Date	<u> </u>	
Signature		ulletXXXXXXXXXXXXXXXXXXXXXXXX	