



Name Change Notice for Retirees and Deferred

FOR OFFICE USE ONLY

Toll-free: (800) 821-2251
drb.alaska.gov

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

PURPOSE OF THE FORM

Use this form to change the name on file for you with the State of Alaska, Division of Retirement and Benefits.

INSTRUCTIONS

- Fill out the form completely and **hand sign**.
- Your current name should be exactly as shown on your new Social Security card.
The Division maintains the right to request that you provide documents substantiating the authenticity of your name change and may at any time reject or void your request if you cannot provide documentation that reasonably satisfies the Division of Retirement and Benefits.
- Mail the form to the address at the top of the form, fax it to (907) 465-3086, or scan and email it to doa.drb.retireepayroll@alaska.gov.

RETIREMENT IDENTIFICATION NUMBER (RIN) OR SOCIAL SECURITY NUMBER (SSN)	TELEPHONE NUMBER
PREVIOUS NAME (FIRST / MI / LAST)	
CURRENT NAME (FIRST / MI / LAST)	
In completing this form, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than \$500.00 or by imprisonment for not more than twelve months or both. AS 39.35.670; AS 11.56.210. I also acknowledge that a person who obtains funds and/or benefits by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains funds and/or benefits from the system unlawfully may also be required to make restitution.	
PARTICIPANT'S SIGNATURE	DATE

An original, handwritten signature is required on this form. Electronic signatures will not be accepted.