



46 State House Station  
 Augusta, ME 04333-0046  
 Telephone: (207) 512-3100  
 Toll-free: 1-800-451-9800  
 TTY: (207) 512-3102

## MEMBER/RETIREE DATA UPDATE FORM

Please use this form to notify MainePERS of a change/correction to a: member's or retiree's name; member's or retirees date of birth or Social Security number; or an active member's address. This information may be completed either by the retiree, member, or by a member's payroll clerk. Be sure the form is signed, dated and returned to the address provided above.

**Note: If you are a retiree, beneficiary, or any other individual receiving or applying for payment from MainePERS, and you would like to change your address, please use form MM-0003 as your address changes must be notarized.**

Please provide the following information so we can be sure to change our records accurately:

CURRENT NAME     
Last First MI

### SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER  -  -

Have you been asked by MainePERS to verify this Social Security number?  YES  NO  
 If yes, you must supply a copy of the current Social Security card along with this form.

If known, incorrect Social Security number:  -  -

Most recent employer through which you contributed to MainePERS: \_\_\_\_\_

### DATE OF BIRTH

DATE OF BIRTH  -  -   
(month) (day) (year)

Have you been asked by MainePERS to verify your Date of Birth?  YES  NO

If known, incorrect Date of Birth:  -  -   
(month) (day) (year)

### NAME CHANGE/CORRECTION

PREVIOUS NAME     
Last First MI

EFFECTIVE DATE OF CHANGE  -  -   
(month) (day) (year)

### ADDRESS CHANGE/CORRECTION (FOR ACTIVE MEMBERS ONLY)

NEW ADDRESS   
First Mailing Address Line

Second Mailing Address Line, if necessary

City State Zip Code

EFFECTIVE DATE OF CHANGE  -  -   
(month) (day) (year)

Your signature below is required to certify that the information provided is accurate.

Member/Payroll Clerk Signature

Date Signed

-  -   
 Daytime telephone number

MainePERS Data Stamp Area