



MEMBER DATA CHANGE

State Form 43567 (R8 / XX-10)

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, IN 46204-2809

Telephone: (317) 232-3860 / Toll-free: (888) 286-3544

Fax: (317) 232-3882 / E-mail: trf@trf.in.gov

Web site: www.in.gov/trf

PRIVACY NOTICE

Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information

INSTRUCTIONS

This form is used for updating any of the following: name, Social Security number, date of birth, gender, or marital status. Address change must be submitted on the *Change of Address* (State Form Pending), completed online through TRF Interactive available on the TRF Web site, or by calling customer service at (317) 232-3860 or toll-free at (888) 286-3544.

MEMBER INFORMATION

Member's name	PID number	Social Security number	
Address		Date of birth (mm/dd/yyyy)	
City	State	ZIP Code	Telephone number with area code
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

NAME CHANGE AFFIDAVIT

The appropriate documents from the following list must be submitted with this form:

1. A copy of your divorce decree restoring or establishing a name change;
2. A copy of your marriage certificate;
3. A copy of the court order whereby you have legally changed your name; or
4. If you are unable to present a copy of items 1 – 3 above, upon approval by the Executive Director of TRF or the director's designee, a sworn name change affidavit and a copy of a photo identification issued by a government agency (drivers license, passport, state ID card, etc.) with the your name as it is to be changed in TRF records.

Previous name (Printed)	New name (Printed)
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I, the undersigned, hereby affirm that there is no fraudulent intent in the decision to change my name. It is my wish that from this day forward, my retirement account at the Indiana State Teachers' Retirement Fund be maintained under the new name as listed above:

Member's signature	Date (mm/dd/yyyy)
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NOTARY PUBLIC CERTIFICATION

State of _____

SS:

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence Officer's state of residence

personally appeared _____ and he/she, being first duly sworn by me upon
Name of person

his/her oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____.

Signature

Name of officer (printed or typed)

My commission expires: _____