



## City of Sunrise – Police Officers’ Retirement System

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AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED EMAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.

LASTLY, ALSO, PLEASE USE LAST FOUR OF SOCIAL SECURITY NUMBER ONLY.

THANK YOU

**CLICK BELOW TO SEND SECURELY VIA THE  
FOLLOWING LINK:**



**CHANGE OF NAME FORM**

Effective Date: \_\_\_\_\_

Member’ Former Name: \_\_\_\_\_  
(Please print)

Member’ New Name: \_\_\_\_\_  
(Please print)

(\_\_\_) I have attached a legal document(s) that attests to such change.

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (*or their designee*) should there be any other change(s) in the future that may affect the accuracy of this form.

Member’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use only

Updated/Entered By: \_\_\_\_\_ Date: \_\_\_\_\_