



City of Sunrise – Police Officers’ Retirement System

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, FAX (NUMBER CITED ABOVE), OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.

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

THANK YOU



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: ___/___/___

Office use only

Updated/Entered By: _____ Date: _____