	Receipt Date	Name Change Notice RS 5483-
Office of the New York State Comptroller <u>New York State and Local Retirement System</u> Employees' Retirement System Police and Fire Retirement System 110 State Street, Albany, New York 12244-0001	Office Use Only	(Rev. 1/05)
PLEASE PRINT CLEARLY USING CAPITAL		stration Number
Old Name	First Name	M.I.
New Name	First Name	M.I.
Social Security Number	-	
Reason for Name Change (Fill in one circle):		
Change in Marital Status Court O (Please p Court Or	provide (Please provide	Other (Please specify)
Member Signature		Date