

Universal Name/Address Change Form

Retirement Systems require a certified true copy of marriage license or court order for name change.

PRINT OR TYPE IN BLACK INK

DEPARTMENT NAME _____

EFFECTIVE DATE _____

TYPE OF CHANGE: NAME ADDRESS BOTH

1. SOCIAL SECURITY: _____ - _____ - _____

2. NAME: _____
FIRST MIDDLE INITIAL LAST

3. MAILING ADDRESS: _____

4. PHYSICAL ADDRESS: _____

5. CITY/STATE: _____ ZIP CODE: _____

6. HOME PHONE: _____ 6. WORK PHONE: _____

7. PREVIOUS NAME (if applicable)

FIRST MIDDLE INITIAL LAST

8. PREVIOUS ADDRESS (if applicable)

STREET

9. _____ 10. _____
CITY/STATE ZIP CODE

SIGNATURE DATE

Send completed form to: Department of Public Safety
OHR – Benefits
PO Box 1993
Blythewood, SC 29016

OHR USE ONLY

Copy of this form forwarded to:

____ DPS Payroll
____ SC Retirement Systems
____ Employee Insurance Programs
____ Deferred Compensation
____ File Copy