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## Change of Information Form

This form may be used by benefit recipients only when making address or name changes.

Check the box that applies to your status with SERS. Please print or type all information below.

Pension     Survivor     Disability     Inactive     QILDRO payee

Name of Member \_\_\_\_\_

SSN (last 4) or Member ID \_\_\_\_\_

Check the box to indicate what information is changing.

Name change\*     Address change     Email address

\*Note: If you are completing for a name change, a photocopy of one of the following documents is required with this form:  
Marriage certificate, divorce decree (first page, name change section and page with judge's signature) or court order.

### Section 1 - Residential Address

#### Member information

Name (Last, first, middle) \_\_\_\_\_

Effective date of change \_\_\_\_\_

Residential address (Street) (No P.O. Box) \_\_\_\_\_

SSN (last 4) or Member ID \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Date of birth \_\_\_\_\_

Personal email address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

(H) \_\_\_\_\_

(C) \_\_\_\_\_

### Section 2 - Mailing Address

If same as residential address, mark this box.

Complete the following only if you wish to receive your mail at a location other than your residential address.

Name (if POA/Guardian, attach corresponding document unless prev. submitted.) \_\_\_\_\_

Mailing address (Street) \_\_\_\_\_

If POA or guardian, provide phone number \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Email address \_\_\_\_\_

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature \_\_\_\_\_

(Digital Signatures are NOT accepted)

Date \_\_\_\_\_