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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 _____

Check the box to indicate what information is changing.

SSN (last 4) or Member ID _____

Name change* Address change Email address Phone Number

**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 _____

Date _____

(Digital Signatures are NOT accepted)