



District Attorneys' Retirement System

PERSONAL HISTORY UPDATE

DARS must receive the following as soon as possible: Social Security cards for member and spouse; marriage license; all divorce decree(s); and any community property settlement(s)

Please submit copy of Driver's License with all change requests

SECTION 1: MEMBER INFORMATION

CHANGE OF ADDRESS

| | | | | |
|----------------------|------------------------------|----------------------|----------------------|------------------------|
| Member's First Name | Middle Name | Last Name | Today's Date | Social Security Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Daytime Phone Number | Evening or Cell Phone Number | | Member's Birth Date | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |
| E-mail Address | | | | |
| <input type="text"/> | | | | |

SECTION 2: ADDRESS CHANGE

NEW Home Mailing Address *Please submit copy of Driver's License with all change requests

| | | |
|----------------------|----------------------|----------------------|
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION 3: CHANGE OF NAME

| | |
|----------------------|----------------------|
| Name Changed FROM | Name Changed TO |
| <input type="text"/> | <input type="text"/> |

I hereby request that my name be changed, and I have attached a copy of my Social Security card showing the correct name.

PLEASE SUBMIT DOCUMENTATION OF NAME CHANGE

SECTION 4: MEMBER SIGNATURE

| | |
|----------------------|----------------------|
| Member's Signature | Date |
| <input type="text"/> | <input type="text"/> |

****MAIL, EMAIL, OR FAX COMPLETED FORM TO DARS****

****DARS MAY CONTACT YOU TO VERIFY CHANGES****