



Public Employees' Retirement System of Nevada
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5740 S. Eastern Ave., Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website www.nvpers.org

Change of Personal Information Form for Benefit Recipient

This form is for benefit recipients, who are collecting monthly benefits from PERS, to update account information. Benefit recipients may also change their address, phone number, and email information through their online account.

Name: _____ Last Four Digits of SSN: _____

If name has changed, please list previous name(s): _____

Please attach proof of name change documentation.

Gender: M F Birth Date: _____

Marital Status: Single Married Registered Domestic Partner Widowed

Mailing Address:

Cell Phone: _____ Home Phone: _____

Personal Email: _____

Signature: _____ Date: _____

FOR PERS USE ONLY

Date Received