



# CHANGE OF PERSONAL INFORMATION FORM

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131  
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934  
*www.nvpers.org*

This form is for members who have not yet retired and are not collecting monthly benefits from PERS to change, update or correct account information.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Gender:  M  F Birth Date: \_\_\_\_\_

Marital Status:  Single  Married  Widowed

Current Address: (Members who have not retired may also change their address online at our website)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

This form updates personal information only and does not change beneficiaries listed on your Survivor Beneficiary Designation Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For PERS Use – Date Stamp
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