



Public Employee's Retirement System of Nevada

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Change of Deputy Liaison Officer & Signature Authority Designation

(To be completed by the Liaison Officer)

Agency Name: _____ PERS Agency #: _____
Agency Address: _____
City: _____ State: _____ Zip Code: _____
Agency Phone #: _____ Fax #: _____

The Liaison Officer may use this form to add or delete a Deputy Liaison Officer or a Signature Authority from agency records on file with PERS. Current designations may be viewed through your agency web account.

Add Deputy Liaison Officer/s

Deputy Liaison Officer (Print Name) Signature Last four #'s of SSN

Email Address Phone Number

Deputy Liaison Officer (Print Name) Signature Last four #'s of SSN

Email Address Phone Number

Add Signature Authority/s

Signature Authority (Print Name) Signature Last four #'s of SSN

Signature Authority (Print Name) Signature Last four #'s of SSN

Delete Deputy Liaison Officer/s

Delete Signature Authority/s

Print Employee Name

Print Employee Name

Print Employee Name

Print Employee Name

Print Employee Name

Print Employee Name

Agency Liaison Officer: _____ Date: _____