



**State of Montana
Teachers' Retirement System
PO Box 200139
Helena MT 59620-0139**

RECIPIENT NAME CHANGE FORM

ALL INFORMATION SHOULD BE PRINTED IN INK OR TYPEWRITTEN

CURRENT NAME ON RECORD: _____

NEW NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: (____) _____

SIGNATURE: _____ EFFECTIVE DATE: _____

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992, ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST.