



Utah Retirement Systems

PO Box 1590
Salt Lake City, UT 84110-1590
801-366-7700 | 800-365-8772

www.urs.org Fax: 801-366-7759

CHANGE IN URS RECORDS

- INSTRUCTIONS:**
1. Please type or print clearly using black ink.
 2. Complete Sections A and E for all changes.
 3. Complete Sections B, C and/or D where changes are needed.
 4. Supporting documentation is required if you are submitting a name change and/or updating your marital status to married or widowed.
 5. This form must be signed and returned to Utah Retirement Systems (URS) for processing.

SECTION A » MEMBER INFORMATION		Social Security # or Account # - Please print clearly -											
Name (First, Middle, Last)		<table border="1" style="width:100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
SECTION B » ADDRESS CHANGE/CORRECTION (List new address here.)													
Mailing Address													
City		State	Zip										
Cell Phone Number ()	Alternate Phone Number ()	Email Address											
SECTION C » NAME CHANGE													
Complete this section to notify URS that your name has changed. If you are submitting a name change, this form must be returned to URS with supporting documentation such as a marriage certificate, divorce decree or other court document showing your new name.													
Previous First Name	Previous Middle Name	Previous Last Name											
New First Name	New Middle Name	New Last Name											
SECTION D » MARITAL STATUS CHANGE													
Complete this section to notify URS that your marital status has changed. Documentation is required if you are updating your marital status to married or widowed.													
<input type="checkbox"/> Married *	Marriage Date _____	Spouse Name _____											
		Spouse Date of Birth _____											
<input type="checkbox"/> Divorced	Date of Divorce _____												
<input type="checkbox"/> Widowed **	Date _____												
* If you are updating your marital status to <i>married</i> , you must return this form with a copy of your marriage certificate.													
** If you are updating your marital status to <i>widowed</i> , you must return this form with a finalized death certificate for your spouse.													
Note: A divorce or annulment revokes your designation of a former spouse as a beneficiary. If you wish to redesignate your former spouse as beneficiary, submit a <i>Beneficiary Designation Form</i> (MECF-1B) to URS after the date of divorce.													
SECTION E » MEMBER AUTHORIZATION													
By signing below, I hereby certify that the information I have provided on this form is true, complete, and correct.													
Signature		Date											