

Office of the New York State Comptroller

New York State and Local Retirement System

Employees' Retirement System

Police and Fire Retirement System

110 State Street, Albany, New York 12244-0001

Receipt Date
Office Use Only

Name Change Notice RS 5483-I

(Rev. 1/05)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE O	ONLY BLUE OR BLACK INK.
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			Regi	stration Number		
Old Name	Last Name	Firs	st Name		M.I.	
New Name	Last Name	Firs	st Name	manista pamini din suma din mandi na mata mata mata mata mata mata mata m	M.I.	
Social Secur	rity Number					
Reason for N	Name Change (Fill i	n one circle):				
Change	in Marital Status	Court Order (Please provide Court Order)	Religious (Please provide Court Order)	Other (Pleas	se specify)	
Member	r Signature			Date		