

# Member Information Change

## Tennessee Consolidated Retirement System

A Division of the Tennessee Treasury Department

502 Deaderick Street

Nashville, Tennessee 37243-0201

1-800-922-7772 ♦ [RetireReadyTN.gov](http://RetireReadyTN.gov)



Please complete this form to change your member information. Section 1 should include information that is currently on file with the Tennessee Consolidated Retirement System (TCRS). Select **one** of the following:

- Inactive Member (You are not currently employed by a covered TCRS employer.)
- Retiree (You are currently receiving monthly benefits from TCRS.) You may update your address or contact information online at MYTCRS.com. Other changes which require documentation must be requested with this form.

**NOTE:** If you are an Active Member (you are currently employed by a covered TCRS employer), do not complete this form. Please contact your employer regarding member information changes. Your employer will update your record through a monthly report submitted to TCRS.

### SECTION 1. MEMBER INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Email	Phone Number	

### SECTION 2. ADDRESS CHANGE INFORMATION (Complete only if your address has changed.)

Previous Mailing Address		
City	State	Zip Code
New Mailing Address		
City	State	Zip Code

### SECTION 3. NAME CHANGE INFORMATION (Complete only if your name has changed.)

If you are changing your name, you must provide legal documentation of the name change (marriage certificate, divorce decree or other legal documentation).

Previous Last Name	First Name	Middle Initial
New Last Name	First Name	Middle Initial

### SECTION 4. CONTACT INFORMATION (Complete only if your contact information has changed.)

Previous Email Address	New Email Address
Previous Phone Number	New Phone Number

### SECTION 5. OTHER INFORMATION CHANGE (Complete only if your SSN or Date of Birth should be changed.)

You must provide legal documentation containing your corrected SSN or date of birth (Social Security card, birth certificate, etc.).

Previous SSN	Corrected SSN
Previous Date of Birth	Corrected Date of Birth

This form must be signed before it can be processed. If the member is unable to sign, the endorser must enclose a copy of his/her authorization of guardianship, power of attorney or conservatorship.

Member's Signature	Date
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