



Spokane Employees' Retirement System
Firefighters' Pension Fund
Police Pension Fund
808 W. Spokane Falls Blvd., Ste. 604
Spokane, Washington 99201-3324
509.625.6330 FAX 509.625.6861

Address/Name Change

Name and address changes must be received in the Retirement Office by the 10th of the month to be processed for the current month.

Status (check one): Vested Member Retiree

Identification - Please complete in full.

Name (Please Print)	Social Security or Employee ID Number
Name Power of Attorney or Guardian, if applicable	E-mail Address

Address Change

Complete only if your address has changed.

Home Address	Address	City	State	Zip Code	Home Phone Number
Mailing Address	Address	City	State	Zip Code	Cell Phone Number

Name Change

Complete only if your name has changed.

Please provide a copy of your driver's license, Social security card or other legal document with your new name.

Previous Name	Full Name (Last, First, Middle)	Effective date of name change
New Name	Full Name (Last, First, Middle)	MM/DD/YYYY

Note: If this form is completed by anyone other than the person identified in the Identification section above, a copy of either the power of attorney or court ordered guardianship papers must be provided before the name and address will be changed.

I certify that my name and/or address was changed as shown above

Signature	Date	Office Use Member Number
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Effective date of address change: _____