



# Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139  
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

## FORM 029: Member / Benefit Recipient Name Change

Alternative accessible formats of this document will be provided upon request.

The Montana Teachers' Retirement System (TRS) must be advised of any change in a TRS member's or benefit recipient's name. Changes must be submitted in writing to the above address and must be signed by the TRS member/benefit recipient or an authorized third party. (**Note:** If signed by a third party, legal documentation giving them the authority to do so *must* be enclosed with this form.)

TRS may require additional documentation for any name change request.

### MEMBER or BENEFIT RECIPIENT INFORMATION

#### Previous Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Previous Name: First Middle Last Suffix (*Jr., Sr., etc.*) Birth Date (*mm/dd/yyyy*)

\_\_\_\_\_  
Mailing Address: Street or P.O. Box City State ZIP Code (*use Zip+4 if known*)

(\_\_\_\_\_) \_\_\_\_\_ **X X X - X X -**  
Telephone Number Last 4 Digits of SSN

#### New Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Effective Date of Change (*mm/dd/yyyy*)

\_\_\_\_\_  
New Name: First Middle Last Suffix (*Jr., Sr., etc.*)

I hereby authorize TRS to initiate the above name change:

\_\_\_\_\_  
Signature of Member / Benefit Recipient / Authorized Third Party (*legal documentation required*)

\_\_\_\_\_  
Date