

Member Information Change

Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 ♦ <http://tcrs/tn.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:

- Active Member (You are currently employed by a covered TCRS employer.)
- Inactive Member (You are not currently employed by a covered TCRS employer.)
- Retiree (You are currently receiving monthly benefits from 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