

# Notice Of Change Form



## EMPLOYEES' RETIREMENT SYSTEM

The Maryland-National Capital Park and Planning Commission  
6611 Kenilworth Avenue, Suite 100  
Riverdale, Maryland 20737

(301) 454-1415 - Telephone  
(301) 454-1413 - Facsimile

### PART A - MEMBER INFORMATION

Name (Last, First, Mi)

Social Security Number

Daytime Phone Number

Other Phone Number

### PART B - BENEFIT INFORMATION

- Active Member     Retiree  
 Survivor         Dependent  
 Beneficiary       Other

Name of deceased

### PART C - ADDRESS CHANGE

Effective Date

Former Address

New Address

Address

Address

City, State, Zip Code

City, State, Zip Code

### PART D - NAME CHANGE

Effective Date

Former Name (Last, First, Mi)

New Name (Last, First, Mi)

*A copy of the marriage certificate, divorce decree, or legal separation document must be attached*

### PART E - AUTHORIZATION

To the best of my knowledge and belief, the information that I have provided on this form is correct.

Print Name of Member or Authorized Agent

Date

Signature of Member or Authorized Agent

ORIGINAL TO M-NCPPC ERS - PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

**INSTRUCTIONS**

**PART A MEMBER INFORMATION**

Enter member's current name, social security number, telephone number and/or other phone number.

**PART B BENEFIT INFORMATION**

Indicate what type of benefit you are receiving.

Write the name of the deceased member.

**PART C ADDRESS CHANGE**

Enter effective date.

Enter former address and new address.

**PART D NAME CHANGE**

Enter effective date.

Enter former name and new name. Use full name, including middle name.

If a name change occurred due to marriage a copy of the marriage certificate must be attached. If a name change occurred due to a divorce a copy of the divorce decree must be attached. If name change occurred due to a legal separation a copy of the court document must be attached.

\*\*\*\*Please note – It may be necessary to complete a new Designation of Beneficiary Form.

**PART E AUTHORIZATION**

The Member or an Authorized Agent **MUST** sign this form for it to be valid. A copy of the Power of Attorney (POA) for an Authorized Agent must be on file with the M-NCPPC ERS.