

Request for Name Change

AS 1040 (rev 1/14)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Use this form to authorize CalSTRS to change your name in our system. Please use black or blue ink, print clearly and complete all sections. Your request for a name change will be processed if the information below is legible and you include one of the required authoritative documents.

Member Information

NAME now on CalSTRS Account (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

CHANGE NAME to: (LAST, FIRST, INITIAL)

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

CITY

STATE

ZIP CODE

()

HOME TELEPHONE



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Authoritative Documents

A **copy** of one of these documents must accompany this request form. Please do not send original documents.

- Marriage certificate
- Court order indicating the name change has been filed
- Social Security card (your new name must match the name on your Social Security card)
- Passport ID page

Mail or Fax

Please mail or fax this form and the required authoritative document to:

CalSTRS
P.O. Box 15275
Sacramento, CA 95851-0275

Fax 916-414-5474



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