



Utah Retirement Systems
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**NONRETIRED MEMBER
 CHANGE FORM**
**(Name, Address, Marital Status,
 Defined Benefit
 [Pension] Beneficiaries)**

- INSTRUCTIONS:**
1. Please type or print clearly in black ink.
 2. Contact URS for the correct form to change beneficiaries on URS Savings Plans.
 3. For member name, address, or marital status changes complete Section A, sign, and date Section C.
 4. For beneficiary changes read the reverse side of this form first, complete Section B, sign and date Section C.

MEMBER INFORMATION - REQUIRED TO COMPLETE THIS FORM

Member Name (First, Middle, Last)	Daytime Phone ()	Birth Date	Social Security Number
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SECTION A - MEMBER CHANGES ONLY

Member Name From: _____ To: _____

Mailing Address From: (old) _____
 To: (new) _____

Marital Status Married - List spouse's name and birth date _____
 Single Divorced

SECTION B - DESIGNATION OF INDIVIDUALS AS BENEFICIARIES - To name additional primary or contingent beneficiaries, attach a new page to this document include your name and Social Security number or account number, signature, and date.

I understand that this change will revoke all previous designations and will affect the way my benefits will be paid upon my death.

Designation	Full Given Name of Beneficiary	Relationship	Birth Date	Mailing Address
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip
<input type="checkbox"/> Primary				Street
<input type="checkbox"/> Contingent				City State Zip

If a trust is designated as beneficiary (above), complete this section.

Name of Trust: _____

Date Trust Established : _____

Name of Trustee(s) _____

Trustee Address _____

Revocable Trust
 Irrevocable Trust (or becomes irrevocable, by its terms, upon the death of the member)

SECTION C - SIGNATURE REQUIRED TO PROCESS THIS FORM

Member Signature	Date
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