



Public Employees' Retirement System of Nevada
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 Toll Free 1-866-473-7768 Website: www.nvpers.org Email: nvpers@nvpers.org

Change of Deputy Liaison Officer & Signature Authority Designation
 (To be completed by the Liaison Officer)

Agency Name: _____ PERS Agency #: _____
 Agency Address: _____
 City: _____ State: _____ Zip Code: _____
 Agency Phone #: _____ Fax #: _____

The Liaison Officer may use this form to add or delete a Deputy Liaison Officer or a Signature Authority from agency records on file with PERS. Current designations may be viewed through your agency web account.

Add Deputy Liaison Officer/s

_____	_____	_____
Deputy Liaison Officer (Print Name)	Signature	Last four #'s of SSN

_____	_____
Email Address	Phone Number

_____	_____	_____
Deputy Liaison Officer (Print Name)	Signature	Last four #'s of SSN

_____	_____
Email Address	Phone Number

Add Signature Authority/s

_____	_____	_____
Signature Authority (Print Name)	Signature	Last four #'s of SSN

_____	_____	_____
Signature Authority (Print Name)	Signature	Last four #'s of SSN

Delete Deputy Liaison Officer/s

Delete Signature Authority/s

 Print Employee Name

 Print Employee Name

 Print Employee Name

 Print Employee Name

 Print Employee Name

 Print Employee Name

Agency Liaison Officer: _____ Date: _____