



Public Employees' Retirement System of Nevada
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CHANGE OF PERSONAL INFORMATION FORM

This form is for members who have not yet retired and are not collecting monthly benefits from PERS to change, update or correct account information.

Name: _____ SSN: _____

If name has changed, please list previous name(s): _____

Gender: M F Birth Date: _____

Marital Status: Single Married Widowed

Current Address: (Members who have not retired may also change their address online at our website)

Home Phone: _____ Work Phone: _____

Personal Email: _____

This form updates personal information only and does not change beneficiaries listed on your Survivor Beneficiary Designation Form.

Signature: _____ Date: _____

For PERS Use – Date Stamp
