Milwaukee County Retirement Plan Services

901 N. 9th Street, Courthouse, Room 210-C
Milwaukee, WI 53233
(414) 278-4207 (877) 652-6377
www.County.Milwaukee.Gov/Retirement

INFORMATION CHANGE FORM

MEMBER NAME (First, Middle Initial, Last)	CLOCK# or SS#

CHANGE IS FOR: ☐ MEMBER ☐ BENEFICIARY ☐ DEPENDENT NAME: _____

ADDRESS UPDATE

TYPE OF UPDATE: ☐ ADD ☐ CHANGE (indicate address to be deleted below)

USE THIS ADDRESS FOR: ☐ RESIDENCE ☐ CORRESPONDENCE ☐ BOTH

TYPE OF ADDRESS: ☐ PERMANENT ☐ SEASONAL ☐ TEMPORARY

IF SEASONAL OR TEMPORARY: START DATE _____/_____/_____ (MONTH DAY YEAR) END DATE _____/_____/_____ (MONTH DAY YEAR (if on-going, leave blank))

NEW ADDRESS

Note: if you are changing banks, please request a new Direct Deposit Authorization

ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY

DELETE THIS ADDRESS

ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY

TELEPHONE NUMBER UPDATE

TYPE OF UPDATE: ☐ ADD ☐ CHANGE (indicate phone number to be deleted below)

TYPE OF PHONE: ☐ PERMANENT ☐ SEASONAL ☐ TEMPORARY

IF SEASONAL OR TEMPORARY: START DATE _____/_____/_____ (MONTH DAY YEAR) END DATE _____/_____/_____ (MONTH DAY YEAR (if on-going, leave blank))

NEW PHONE NUMBER	DELETE THIS PHONE NUMBER
( ) - ext.	( ) - ext.

MARITAL STATUS UPDATE -- Legal Proof Required*

TYPE OF UPDATE: ☐ MARRIAGE _____/_____/_____ (MONTH DAY YEAR) ☐ DIVORCE _____/_____/_____ (MONTH DAY YEAR)

NAME CHANGE -- Legal Proof Required*

FORMER NAME:	CHANGE NAME TO:

CONFIRMATION

SIGNATURE	DATE

Examples: marriage license, divorce decree, name change document.