

## MEMBER INFORMATION

First, Middle, Last		Person ID
Last four digits of Social Security Number	Date of Birth (mm/dd/yyyy)	Primary Telephone Number (home/cell)
Email Address		Work Telephone Number

## A. ADDRESS CHANGE

### OLD ADDRESS

Effective Date of Address Change		
Street Address		
PO Box		
City	State	ZIP Code

### NEW ADDRESS

Mailing Address (Street or Box)		
City	State	ZIP Code (9-digit)

## B. NAME / MARITAL STATUS CHANGE

### MARITAL STATUS CHANGE

(Marital status is determined in accordance with North Dakota Law)  
**EFFECTIVE DATE OF MARITAL STATUS CHANGE IS REQUIRED**

Effective Date of Marital Status Change			
Married	Single	Widowed	Divorced

### NAME CHANGE

**EFFECTIVE DATE OF NAME CHANGE IS REQUIRED**

Effective Date of Name Change				
Marriage License	REAL ID	SS Card	Court Order	<b>COPY OF MARRIAGE LICENSE, REAL ID, SOCIAL SECURITY CARD, OR COURT ORDER MUST BE INCLUDED WITH THE FORM</b>
Former Name (First, Middle, Last)				
New Name (First, Middle, Last)				

## MEMBER SIGNATURE

Signature	Date
-----------	------

### RETURN TO:

ND Retirement and Investment Office  
PO Box 7100  
Bismarck ND 58507-7100

Telephone: 701-328-9885  
Toll free: 800-952-2970  
Fax: 701-328-9897  
Email: [rio@nd.gov](mailto:rio@nd.gov)

This form is available in an alternate format upon request.