



Change of Information Form

Form ECOL-R

MILFORD RETIREMENT SYSTEM

Please type or print legibly

Complete the applicable section(s), sign and date.

TYPE OF REQUEST

Name Change Address Change
Phone # Change E-mail Change

Section A. EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Suffix: _____

Are you a Member or Retiree? _____ Social Security Number: _____ Date of Birth: _____

Department Employed In: _____ Position: _____

Section B. NAME CHANGE

PREVIOUS Name:

Last _____ First _____ M.I. _____ Suffix _____

Please be advised that my name has changed from the above to the name below as of the following date: (Effective Date)

NEW Name:

Last _____ First _____ M.I. _____ Suffix _____

***Please provide documentation of name change (i.e. Marriage Certificate, Court Document, Divorce Decree, etc.) AND proof of name change on either your Social Security Card or Driver's License.**

Section C. ADDRESS CHANGE

PREVIOUS Address:

Street Address _____ Apt/Unit _____ City _____ State _____ Zip _____

Please be advised that my address has changed from the above to the address below as of the following date: (Effective Date)

NEW Address:

Street Address _____ Apt/Unit # _____ City _____ State _____ Zip _____

Note: Year-end Annual Statements or 1099-R Forms will be mailed to the NEW address.

Section D. PHONE NUMBER CHANGE

PREVIOUS Phone Number:

NEW Phone Number:

Please be advised that my phone number has changed as of the following date: (Effective Date)

Section E. E-MAIL ADDRESS CHANGE

PREVIOUS Preferred E-mail Address:

NEW Preferred E-mail Address:

Please be advised that my e-mail address has changed as of the following date: (Effective Date)

Section F. EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Section G. SIGNATURE & CERTIFICATION

Member/Retiree Signature: _____

Date: _____

Thank you for helping us keep your personal information up to date!