



**Public Employees' Retirement System of Nevada**  
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Toll Free 1-866-473-7768 Website [www.nvpers.org](http://www.nvpers.org)

## 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)

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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