



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

AFFIDAVIT OF NAME AND/OR GENDER CHANGE

For name changes, attach a photocopy of a valid N.J. driver's license, Social Security card, or current passport reflecting your name change.

I am changing my Name Gender Both

Retirement System Public Employees' Retirement System Teachers' Pension and Annuity Fund
 State Police Retirement System Police and Firemen's Retirement System
 Other

Previous Name (please print) _____

Membership Number _____ Social Security Number _____

Change the records of the NJDPB to reflect my gender as Male Female Non-Binary

Change the records of the NJDPB to reflect my name as _____

Reason for name change _____

Signature with changed name _____

Present address _____

Street

City, State, Zip Code

Area Code and Phone Number

State of _____

County of _____

Sworn and subscribed before member this _____ day of _____, _____

Signature of Notary or Commissioner of Deeds _____

Member's Commission expires ____/____/____

Official Title _____