

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
ONE UNION NATIONAL PLAZA, 124 WEST CAPITOL, SUITE 400
LITTLE ROCK, ARKANSAS 72201**

REQUEST FOR CHANGE OF NAME

In accordance with the laws, rules, and regulations governing the Public Employees Retirement System of the State of Arkansas, I, _____, enrolled as a member of Public Employees Retirement System under Social Security number _____, and employed with (agency) Arkansas Forestry Commission hereby authorized and request that my name, which is written as _____ on my records in the Public Employees Retirement System, be changed to _____ which is now my official name and corresponds to my official signature. I do hereby declare that this change is not for reasons of evasion, deception, or fraud. A copy of any court order or other documentation, if applicable, regarding the change in name is attached.

Respectfully authorized and requested,

(Name, typed or printed)

(Official Signature)

(Address)

(City, State, Zip Code)

Date: _____

10/03