



## DUKES COUNTY CONTRIBUTORY RETIREMENT SYSTEM

9 Airport Road, Suite 1  
Vineyard Haven, Massachusetts 02568

Telephone (508) 696-3846 • Fax (508) 696-3847

### MEMBER CHANGE REQUEST FORM

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Check any boxes that apply.**

Change name from \_\_\_\_\_ to \_\_\_\_\_.  
*I have attached a photocopy of a document showing my current legal name. Your current driver's license or state issued identification card is acceptable proof if it shows your current legal name. Otherwise, please attach a copy of the document that orders the name change (ex. marriage certificate, divorce decree, court order).*

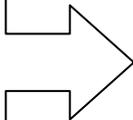
Change my address to:

|                  |                |     |
|------------------|----------------|-----|
| Mailing Address: | Street Address |     |
| City             | State          | Zip |

Check here for current account balance statement.  
*All active and inactive members receive an annual account statement at the beginning of the year.*

If you have any questions regarding this form please call our office at (508) 696-3846.

**SIGN  
HERE**



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date