

# Request for Name Change

AS 1040 (rev 05/19)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
**800-228-5453**  
CalSTRS.com

Use this form to authorize CalSTRS to change your name in our system. Please use black or blue ink, print clearly and complete all sections. Your request for a name change will be processed if the information below is legible and you include one of the required authoritative documents.

## Member Information

NAME now on CalSTRS Account (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

CHANGE NAME to: (LAST, FIRST, INITIAL)

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

CITY

STATE

ZIP CODE

( )

HOME TELEPHONE



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

## Authoritative Documents

A **copy** of one of these documents must accompany this request form. Please do not send original documents.

- Marriage certificate
- Court order indicating the name change has been filed
- Social Security card (your new name must match the name on your Social Security card)
- Passport ID page or Passport Card
- California Driver's License or California State ID
- U.S. Military ID

## Mail or Fax

Please mail or fax this form and the required authoritative document to:

CalSTRS  
P.O. Box 15275  
Sacramento, CA 95851-0275

Fax 916-414-5474



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