



Report of Member Changes

Employer Name: _____

I certify that the following is a complete and correct list of name and Social Security number changes of employees who are TCDRS members.

By: _____ Title: _____
Authorized Signature

Name Changes

Social Security Number	Current Name			New Name		
	Last	First	Middle	Last	First	Middle

Social Security Number Changes

Current Social Security Number	New Social Security Number	Last Name	First Name

Any corrections or whiteouts must be initialed.