

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

REQUEST FOR CHANGE OF NAME

In accordance with the provisions of Act 454 of the 1949 General Assembly I,

\_\_\_\_\_ a member of the Arkansas State Highway

Employees' Retirement System and enrolled under Social Security # \_\_\_\_\_

hereby authorize and request that my name which is entered as \_\_\_\_\_

on the records of the System be changed to \_\_\_\_\_ which is

now my legal name and which name now corresponds to my legal signature.

Respectfully authorized and requested

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Number and Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(E-mail)

\_\_\_\_\_  
(Phone)

**FORM MUST BE NOTARIZED BELOW**

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ ,

Notary Public \_\_\_\_\_

(SEAL)

My commission expires \_\_\_\_\_

Member's Signature \_\_\_\_\_

*(to be signed in front of notary)*

(This form must be filed with the ASHERS office if your name is changed by marriage or other legal process.)