



Consolidated Public Retirement Board

4101 MacCorkle Avenue, SE
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com



Personal Information Change

Section 1: Member or Annuitant Information

Full Name	Last 4 digits of SSN	CPRB ID	Telephone Number
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Your Employer or Agency Name (if applicable)	Email Address
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Select all that apply to your Membership:

Active Member (Currently employed by a participating employer) Retiree (Currently receiving monthly benefits from CPRB)

Other _____

Section 2: Name Change Information

Complete only if your name has changed. If you are changing your name, you must provide legal documentation (marriage certificate, divorce decree or other legal documentation) of the name change.

Previous Last Name	Previous First Name	Previous Middle Initial
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New Last Name	New First Name	New Middle Initial
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Section 3: Address Change Information

Complete only if your address has changed.

Previous Mailing Address	City	State	Zip
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New Mailing Address	City	State	Zip
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Section 4: Email and Contact Change Information

Complete only if your email or phone number has changed.

Previous Email Address	Previous Phone Number
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New Email Address	New Phone Number
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Section 5: Other Change Information

Complete only if your SSN or date of birth has changed.

Previous SSN	Previous Date of Birth
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New/Corrected SSN	Corrected Date of Birth
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Section 6: Authorization

I hereby authorize the Consolidated Public Retirement Board (CPRB) to make the changes to my personal information as indicated above.

Signature _____ Date _____