



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
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	Home Telephone Number
Your Employer or Agency Name (if applicable)	Email Address		Mobile Telephone Number

Select all that apply:

- 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 Name
New Last Name	New First Name	New Middle Name

Section 3: Address Change Information

Complete only if your mailing address has changed.

Previous Mailing Address	City	State	Zip Code
New Mailing Address	City	State	Zip Code

Section 4: Contact Change Information

Complete only if your email or telephone number has changed.

Previous Email Address	Previous Telephone Number
New Email Address	New Telephone Number

Section 5: Other Change Information

Complete only if your SSN or date of birth has changed. Please provide appropriate documentation.

Previous SSN	Previous Date of Birth
New / Corrected SSN	Corrected Date of Birth

Section 6: Authorization

I hereby authorize CPRB to make changes to my personal information as indicated above.

Signature	Date
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