

**RETIREE PERSONAL DATA CHANGE**

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

EFFECTIVE DATE of CHANGE \_\_\_\_\_

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**CHANGE OF ADDRESS:**

From \_\_\_\_\_

\_\_\_\_\_

To \_\_\_\_\_

\_\_\_\_\_

Phone No. (     ) \_\_\_\_\_

**CHANGE OF NAME:**

From \_\_\_\_\_

To \_\_\_\_\_

*Completed form should be directed to:*

**Kent County Human Resources Department  
300 Monroe Avenue N.W.  
Grand Rapids, MI 49503-2222  
ATTN: Pension**

**OR**

**FAX: 616-632-7445**