ARIZONA STATE RETIREMENT SYSTEM (ASRS)
Data Verification Form

COMPLETE AND SEND
TO:ASRS
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
AzASRS.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.+

SECTION 1 – Member Information

Social Security Number	Last Name	First Name	Middle Initial	Gender ☐ M ☐ F
Current Mailing Address				Marital Status ☐ Single ☐ Married
City	State	ZIP		Date of Birth (MM/DD/YYYY)
Primary Phone ( )	Mobile Phone ( )		Personal Email Address	
Current / Most Recent ASRS Employer Name			Member Status (Check One) ☐ Retired ☐ Non-retired ☐ Survivor	

SECTION 2 – Member information to be changed or corrected

Complete this section **ONLY** if you are requesting to change your personal information.

Previous or Incorrect: Name, Date of Birth, Social Security Number	New or Correct: Name, Date of Birth, Social Security Number

SECTION 3 – Required Legal Document

Attach a **copy** of one of the following to verify identity and/or change requested. Check which one is enclosed.

☐ SSN Card ☐ Birth Certificate ☐ Driver License ☐ State Issued ID ☐ Passport ☐ Military ID

☐ Citizenship Papers ☐ Court Order (Must contain a full name and date of birth.)

Note: The ASRS reserves the right to request additional documents.

SECTION 4 – Signature and Notarization

Member Signature	Date

State of_____)

)

County of_____)

Subscribed and sworn before me this ____ day of _____, 20_____, by

_____.

(seal)

Notary Public_____

Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a Class 6 felony per Arizona Revised Statutes § 38-793.