



APRS
AUSTIN POLICE RETIREMENT SYSTEM

Please follow the below instructions to complete your request:

- 1) Submit the form and other required documentation to the **Member Portal** using the following link www.ausprs.org. Digital signatures are accepted.

OR

Mail the forms and other required documentation to the System's mailing address:

APRS

P.O. Box 40609

Austin, TX 78704

- 2) All submissions must include a copy of your driver's license along with the other listed required documents. **APRS will not accept incomplete forms.**
 - Copy of member's Social Security Card showing new name
 - Copy of Marriage Certificate and/or Divorce Decree
 - W4-P Tax Form
 - Name and/or Address Change Form

Only changes received on or before the 15th day of the month will be effective for that month's payment. A confirmation will be emailed to you after the form and other required documentation has been received.

For security purposes, please do NOT email sensitive and personal information.

Mailing Address:
P.O. Box 40609
Austin, TX 78704

Physical Address:
2520 S. IH-35, Suite 100,
Austin, TX 78704

Phone: (512) 416-7672
Fax: (512) 416-7138
www.ausprs.org



REQUEST FOR NAME and/or ADDRESS CHANGE

As a current member of the City of Austin Police Retirement System, I request the name change below be made effective:

Effective Date

I understand that in order for this change to become effective, I need to provide the following to the City of Austin Police Retirement System:

- Copy of member's Social Security Card showing new name
- Copy of Marriage Certificate and/or Divorce Decree
- W4-P Tax Form
- This Name and/or Address Change Form

Print New Name as shown on Social Security Card

Former Name

Address

City

State

Zip

Social Security Number (last 4 digits)

E-Mail Address

Telephone Number

Signature

Date