



E-2: Notice of Enrollment Change

South Dakota Retirement System
PO Box 1098, Pierre, SD 57501
Toll-Free: (888) 605-SDRS Fax: (605) 773-3949

Member Information (Please print or type all items)

Member's Social Security Number	Last Name	First	MI	Maiden
Phone Numbers Primary: _____ Secondary: _____		Email Addresses Primary: _____ Secondary: _____		
In providing your email address you are granting SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS.				

Change Address

From: Street Address or PO Box	City	State	ZIP Code
To: Street Address or PO Box	City	State	ZIP Code

Change Marital Status: Marriage (Attach photocopy of marriage certificate) Divorce (Attach photocopy of divorce decree)

Spouse's Social Security Number	Last Name	First	MI	Maiden
Sex of Spouse <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Date of Marriage		
If Applicable, Date of Divorce	If Divorced: Is there a Qualified Domestic Relations Order (QDRO)? <input type="checkbox"/> Yes (Attach photocopy of QDRO) <input type="checkbox"/> No			
SDRS advises its members to update their beneficiary designations anytime there is a change in marital status. To update your beneficiary designations, please complete SDRS Form E-5 "Beneficiary Designation" and file with the SDRS office. This form can be obtained from your employer, the SDRS website – www.sdrs.sd.gov , or the SDRS office.				

Change Name

To: Last Name	First	MI	Maiden
Attach <u>one</u> form of documentation verifying name change: <input type="checkbox"/> Revised Social Security Card <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Court Order			

Termination of Optional Spouse Coverage for Currently Covered Members (Program closed to new enrollments effective July 1, 2010)

Optional Spouse Coverage is limited to members who elected coverage prior to July 1, 2010, and are currently covered by this optional program.

I elect to terminate my participation in the Optional Spouse Coverage. My reason for ending coverage is:
 Spouse has attained age 65 Spouse has died Termination of Marriage Other

Authorized Agent: For Optional Spouse Coverage termination: Final contributions will be _____
Month/Day/Year

Member's Signature

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Member's Signature _____ Date _____

Authorized Agent's Signature (Required for Optional Spouse Coverage and name changes)

Date _____