



Notice of Enrollment Change
South Dakota Retirement System
PO Box 1098 Pierre, South Dakota 57501-1098
Phone (888) 605-SDRS (605) 773-3731 FAX (605) 773-3949

SDRS Form E-2

Member Information (Please print or type all items)				
Member's Social Security Number	Last Name	First	MI	Maiden
Phone Number	Email Address	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: <input type="checkbox"/> Marriage (Attach photocopy of marriage certificate) <input type="checkbox"/> 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. <input type="checkbox"/> I elect to terminate my participation in the Optional Spouse Coverage. My reason for ending coverage is: <input type="checkbox"/> Spouse has attained age 65 <input type="checkbox"/> Spouse has died <input type="checkbox"/> Termination of Marriage <input type="checkbox"/> Other				
Authorized Agent: For Optional Spouse Coverage termination: Final contributions will be _____. Month/Day/Year				
Member's Signature				
				Date
Authorized Agent's Signature (Required for Optional Spouse Coverage and name changes)				
				Date