



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 (If member deceased, surviving spouse information)			
Social Security Number or SDRS ID	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: <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			
Signature (Must be notarized or witnessed by SDRS staff or SDRS Participating Employer Authorized Agent)			
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
Notary Public or SDRS Staff/SDRS Participating Employer Authorized Agent			
Notary Public	STATE OF _____ COUNTY OF _____		
	Subscribed and sworn before me on this _____ day of _____, 20_____, by the above-named person, proved to me on the basis of satisfactory evidence to be the person who appeared before me.		
Notary's Official Signature		Commission Exp.	Affix Seal
SDRS Staff/AA	SDRS Staff or SDRS Participating Employer Authorized Agent Signature		Employer Number Date