Name Certification

MEMBER INFORMATION

Please type or use only black ink and do not highlight. Any corrections must be initialed.

TMRS Identification Number (not required)

Member's Name (first, middle, last)

Social Security Number

Mailing Address

Daytime Phone Number

City

State

Zip

City Name (required)

00730

City Number

PURPOSE

The purpose of this Name Certification is to certify that even though names may differ on plan records, the person is one and the same. Completion of this form is mandatory **only** if the name(s) on the proof of birth is different from the name(s) on TMRS records.

I, _____, hereby certify and do solemnly swear that I am
(Affiant's name as indicated on TMRS record)

_____, and my true and correct date of birth is _____.
(Affiant's name as indicated on proof of birth) (MM/DD/YYYY)

Affiant's Signature

Date Signed (MM/DD/YYYY)

NOTARIZATION REQUIRED

The State of Texas County of _____

Before me on this day personally appeared _____, known to me to be the person who signed the above Name Certification and declared to me upon oath that the statement therein contained are true and correct. Given under my hand and seal of office this _____day of _____, 20_____.

(SEAL)

Notary Public, State of Texas

NOTICE TO PERSONS SIGNING THIS AFFIDAVIT

Section 851.101 of the Texas Government Code provides for punishment by fine and/or imprisonment of (i) a person who knowingly makes a false statement in a report or application to the retirement system in an attempt to defraud the system or (ii) a person who knowingly makes a false certificate of an official report to the retirement system.