KPERS

KPERS-40NC Rev. 6/11

SAVE

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NAME CHANGE AFFIDAVIT

■ **Contact Us – toll free**: 1-888-275-5737 • **phone**: 785-296-6166 • **fax**: 785-296-6638
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State of _____)
) S S
County of _____)

I, (affiant's name) _____, upon being duly sworn deposes and states under the pain and penalties of perjury:

1. That affiant is a resident of the State of _____ and that his/her official address is _____.

2. That affiant further deposes and states that he/she has personally known and been acquainted with (member's name) _____ , XXX-XX-_ _ _ _ (last four digits of Social Security number) for _____ years and his/her relationship to the above-named member is _____.
3. That affiant knows of his/her own personal knowledge that _____ and _____ are one and the same person.

Further affiant saith not.

Signature of Affiant: _____ Month/Day/Year: _____/_____/_____

Affiant's Name (please print): _____