

04415

**Alaska Department of Revenue
Permanent Fund Dividend Division**

PFD Division Use Only
PFD ALN: 20090

Adult Information Change/Addition Form

Use this form to report a change in your name or add or correct your SSN with the Permanent Fund Dividend (PFD) Division. The PFD Division will apply the change or addition to current year records and any other prior year records that are still active. Attach a letter if you want this change applied differently.

First Name as last reported to PFD	MI	Last Name as last reported to PFD
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Social Security Number	Date of Birth	Daytime Telephone Number	Message Telephone Number
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Change my First Name to

Change my Middle Initial to

Change my Last Name to

Add my SSN as follows

Correct my SSN to

I certify that I am authorized to make the changes listed above. If I did not file for the adult above, I must attach a Power of Attorney. All adults must sign for themselves.

SIGNATURE IS REQUIRED	Signature	Date
	Printed name of the person who signed	Social Security Number

Send or deliver this completed form to:

**Alaska Department of Revenue
Permanent Fund Dividend Division
11th Floor, State Office Building
PO Box 110462
Juneau, AK 99811-0462
Phone (907) 465-2326
Fax (907) 465-3470**

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