

## CHANGE OF NAME

This form is to record your legal name change. Please attach the proper documentation that is listed in Step 2.

STEP 1: Your Personal Information			
Print your FORMER name in full			
☐ Mr ☐ Ms ☐ Mrs ☐ Miss			/
First Name	Middle	Last Name	Date of Birth (mm/dd/yyyy)
Street Address	City	State	Zip Code
Print your NEW name in full			
☐ Mr ☐ Ms ☐ Mrs ☐ Miss			
First Name	Middle	Last Name	
Street Address (if different from above)	City	State	Zip Code
STEP 2: Reason for Name Change			
Check the reason below for your name change. A	ttach a copy of the listed document	tation to this form. Do not send origina	ıls.
☐ Marriage: Marriage certificate			
☐ Court Order: Court order			
$\square$ <b>Divorce</b> : Divorce decree and property settle	ment agreement		
☐ Spouse is Deceased: Death certificate			
STEP 3: Signature			
Sign below using your new name.			
YOUR SIGNATURE		Social Security Number	] -
STEP 4: For Local Plan Administrators, Y	ERDI Users, and Y Officers Or	nly	
☐ If you are a Local Plan Administrator for y The Fund will also update your name in these		icer at your Y (CEO, CFO, CHRO, etc	.), please check this box.

\* 0.1 P.A.R.T.C.H.N.G.\*