



NAME CHANGE FORM

- Use this form to make a name and/or marital status change in your existing ICMA-RC 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit-Sharing Plan account.
- If you have more than one ICMA-RC account, your name and/or marital status changes will be made to all accounts.
- **To change your beneficiary designation or address, please use Account Access (www.icmarc.org).**
- Please print legibly in blue or black ink. If you fax the form to ICMA-RC, please do not mail the original.

1. PERSONAL INFORMATION

Employer Plan Number Employer Plan Name State

Social Security Number

_____ - _____ - _____

Full Name of Participant (Please indicate your former name here.)

Last First M.I.

2. NAME CHANGE

IMPORTANT: You must attach a **copy of a legal document** (e.g., driver's license, marriage certificate, divorce decree) or your name change will not be processed.

Full New Name of Participant

Last First M.I.

3. MARITAL STATUS CHANGE

New Marital Status - Check one box Married Single

4. AUTHORIZATION

Your signature is required. Please sign this form using your new name.

Participant Signature _____ _____ / _____ / _____

Month Day Year

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS