



**CHANGE FORM**

**CF**

To be completed by a Participant who has a change of name, address, and/or marital status

**I. Participant Information (OLD INFORMATION)**

|  |   |
|--|---|
| Participant Name _____<br><small>(First, Middle, Last)</small> | _____ - _____ - _____<br><small>Social Security Number</small>  |
| _____ <small>(Street)</small>                                  | Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male<br><small>(MM/DD/YYYY)</small>          |
| _____ <small>(City, State, Zip)</small>                        | _____ <small>(area code)</small> _____ <small>(area code)</small><br><small>Home Telephone Number Work Telephone Number</small> |
| Marital Status: _____  | E-mail: _____   |

**II. Changes (NEW INFORMATION)**

A. New Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City, State, Zip)

New Phone Number:

(area code) \_\_\_\_\_ (area code) \_\_\_\_\_ (area code) \_\_\_\_\_  
Home Telephone Number Work Telephone Number Cellular Telephone Number

B. New Name: \_\_\_\_\_

Reason for Change: Marriage, Divorce or Legal Name Change

Proof Submitted:  Marriage Certificate  Divorce Decree  Court Documents  
(Check One)

C. Marital Status: \_\_\_\_\_

Reason for Change: Marriage, Divorce or Death

Proof Submitted:  Marriage Certificate  Divorce Decree  Death Certificate  
(Check One)

**Please note: If you wish to change your beneficiary on file, you must complete a Designation of Beneficiary (B1) form.**

**III. Participant Signature**

I hereby certify that the information I have provided on this form is accurate and current.

► **Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

For Fund Use Only: Approved by: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 01/2017