



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 (First _____ Middle _____ Last _____)	_____-_____-_____ Social Security Number
Home Address (Street) _____	Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male (Month/Day/Year)
(City _____ State _____ Zip _____)	(area code) _____ (area code) _____ Home Telephone Number Work Telephone Number
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