

## 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 INFORMA	ATION					
Employer Plan Number	Employer Plan Name					State
Social Security Number	s .	e di	estatuta punteker visitalian deslanian.	mentakan sahisakin Alikasan sakusan		Annual Annual Control
Full Name of Participant	[Please indicate your former	name here.)		8		10
Last	a <sup>4</sup>	First	manufus pertugua di manu punintu	(2)	r patrionis de de de la compania del la compania de la compania del la compania de la compania d	<u>M.I.</u>
2. NAME CHANGE						
IMPORTANT: You must of change will not be process Full New Name of Participation		<b>document</b> (e.g., d	river's license, i	narriage certific	ate, divorce decree	or your name
Last		First	entern enderlie penadas anisati	er sendenteins Americanism municipals, sied besteut	et gardinosse, annung kan senantasa, annunkan, gardinosse,	M.I.
3. MARITAL STATUS CH	IANGE					
New Marital Status - Chec	k one box 🔲 Marrie	ed 🗓 Single			2	
4. AUTHORIZATION						
Your signature is required.	Please sign this form using	your new name.				
Participant Signature	ENGAPETE A ST. LANCE OF STREET		Month /	/	Year	

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS