

## NAME CHANGE FORM

Use the checklist below to help you complete the Form on the following page so that we update your name on all your ICMA-RC accounts.

By providing all the necessary information, we can avoid delays and take care of your request as soon as possible!



### COMPLETING THE FORM

#### SECTION 1

- You can quickly get your Employer Plan Number and Employer Plan Name from your quarterly statement or by logging in to your account online at [www.icmarc.org/login](http://www.icmarc.org/login).
- You must enter your full Social Security Number so we can accurately identify you.
- Enter your full *former* name.

#### SECTION 2

- Enter your full *new* name.

#### SECTION 3

- Check one box only, indicating whether you are now married or single.

#### SECTION 4

- Sign the form using your new name.
- Enter the date of your signature.

### SENDING THE FORM

- Include the completed Form.
- Include a copy of a legal document – either a driver's license, marriage certificate, or divorce decree – that *clearly* shows your new name.
- Mail or fax to us – use the mailing address shown at the bottom of the form or fax it to **202-682-6439**.



Need to also update your retirement account beneficiaries?  
You can do so online – log in to your account at [www.icmarc.org/login](http://www.icmarc.org/login).



# 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](http://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