

Member Name Change Form

Purpose of the Form

- Use this form to change the name on file for you with CCCERA. The name change will apply to your CCCERA account. Statements, correspondence, tax information and benefits payments information will be sent to the new name.

Instructions

- Complete the form in blue or black ink.
- Attach a copy of one of the following documents to verify name change: driver license, social security card, marriage certificate. (Attach as a 2nd page if needed).

Member Information				
Former Name – First	Middle	Last	Suffix	Social Security #
New Name – First	Middle	Last	Suffix	Employee #
Tell Us Who You Are: <input type="checkbox"/> Active <input type="checkbox"/> Deferred <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor <input type="checkbox"/> Divorce Split Payee				
Daytime Phone Number (with area code)		Email Address		
Remarks				

Signature	
Member Signature	Date – mm/dd/yyyy

RETIREMENT STAFF USE ONLY – DO NOT WRITE	
Transaction or Payroll Date – mm/dd/yyyy	
Date – mm/dd/yyyy	Initials