



### Name Change Form

Type or print in ink.

#### FORMER/PREVIOUS NAME AND INFORMATION

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

IS THIS A NEW ADDRESS?  YES  NO

MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		

#### NEW NAME

FIRST NAME:	MI:	LAST NAME:

#### TYPE OF CHANGE – PROVIDE PHOTOCOPY OF REQUIRED DOCUMENTATION

- MARRIAGE/REGISTERED DOMESTIC PARTNERSHIP – CERTIFIED MARRIAGE/REGISTRATION CERTIFICATE
- DIVORCE – DISSOLUTION OF MARRIAGE/PARTNERSHIP (JUDGEMENT & MARITAL SETTLEMENT AGREEMENT)
- ADOPTION – LEGAL ADOPTION DOCUMENTATION
- OTHER – STATE REASON & SUPPORTING DOCUMENTATION

#### CURRENT EMPLOYEES:

Current employees must submit name change request and supporting documentation to employers at time of notification to StanCERA, to ensure employer and StanCERA records match.

#### RETIRED MEMBERS ONLY:

DO YOU WANT YOUR UPDATED INFORMATION FORWARDED TO RESCO?  YES  NO

DO YOU WANT YOUR UPDATED INFORMATION FORWARDED TO RESCO INSURANCE/PACIFIC GROUP AGENCIES?  YES  NO

DO YOU WANT YOUR UPDATED INFORMATION FORWARDED TO STANISLAUS COUNTY RISK MANAGEMENT?  YES  NO

I authorize StanCERA to update my confidential member information. If applicable, I authorize StanCERA to release my updated member information to the groups checked "YES" above, waiving my privacy right outlined in Government Code §31532. StanCERA is not responsible for your information once it has been provided to the above-named groups.

Member Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

