

NAME CHANGE FORM

Use the checklist below to help you complete the form on the following page so we can update your name on your 457 (b), 401 (k), 401 (a), 403 (b), IRA, and RHS ICMA-RC plan accounts.

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



COMPLETING THE FORM

to 202-682-6439.

SEC	CTION 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 . You must enter the last four digits of your Social Security Number so we can accurately identify you. Enter your full <i>former</i> name.
SEC	CTION 2
	Enter your full <i>new</i> name. Include <u>one</u> of the following legal documents – a driver's license, marriage certificate, or divorce decree – that <i>clearly</i> shows your new name.
SEC	CTION 3
	Check one box only, indicating whether you are now married or single.
SEC	CTION 4
	Sign the form using your new name. Enter the date of your signature.
CHI	ECK YOUR BENEFICIARY DESIGNATIONS
	Make sure the person(s) named to acquire your account in the event of your death is still appropriate. This is especially important if you were recently married or divorced, or if your spouse has passed away. You can update your retirement account beneficiaries online by logging in to your account at www.icmarc.org/login.
SE	NDING THE FORM
	Include the completed Form. Include a copy of a legal document – either a driver's license, marriage certificate, or divorce decree – that <i>clearly</i> shows your new name. Mail or fax to us – use the mailing address shown at the bottom of the form or fax it



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- Use this form to make a name and/or marital status change to your existing 457(b), 401(k), 401(a), 403(b), IRA, and RHS ICMA-RC plan accounts.
- If you have more than one ICMA-RC account, your name and/or marital status changes will be made to all accounts.
- Please print <u>legibly</u> in blue or black ink. If you fax the form to ICMA-RC, please do not mail the original.

1. PERSONAL INFORMATION			
Select One: ☐ 457(b) ☐ 401(k) ☐ 401(a) ☐ 403(b)	□ IRA □ RHS		
Employer Plan Number Employer Plan Name	State		
Social Security Number (last four digits)			
XXX- XX			
Full Name of Participant (Please indicate your <u>former</u> name here.)			
Last First	M.I.		
2. NAME CHANGE			
IMPORTANT: You must attach a clear copy of a legal document (e.g., driver's license, marriage certificate, divorce decree) or your name change cannot be processed. Full New Name of Participant			
Last First	M.I.		
3. MARITAL STATUS CHANGE			
New Marital Status – Check one box	le		
IMPORTANT: Log in to Account Access (www.icmarc.org) to update your beneficiary information. See "Check Your Beneficiary Designations" on the previous page.			
4. AUTHORIZATION			
Your signature is required. Please sign this form using your new name.			
Participant Signature	//		

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS