

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 401, 457, 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

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.
- 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.

CHECK 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.**

SENDING THE FORM

- Include the completed Form.
- Mail or fax the completed form to us by using the mailing address shown at the bottom of this form or fax to 202-682-6439



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- Use this form to make a name and/or marital status change to your existing ICMA-RC accounts such as your 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit Sharing 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 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

IMPORTANT: Be sure to log in to Account Access (www.icmarc.org) to update your beneficiary information.

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