

- 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(a), 401(k), 403(b), IRA and RHS MissionSquare Retirement plan account(s).
- 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: PERSONAL INFORMATION

- 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: NAME CHANGE

- Enter your full **new** name.

SECTION 3: MARITAL STATUS CHANGE

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

SECTION 4: AUTHORIZATION

- 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

Please keep a copy of your completed form for your records.

Mail or fax to:

MAIL:

MissionSquare Retirement
Attn: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

FAX:

MissionSquare Retirement
Attn: Workflow Management Team
(202) 682-6439

Name Change Form

- Use this form to make a name and/or marital status change to your existing MissionSquare Retirement accounts such as your 457 Deferred Compensation Plan, 401 Money Purchase Plan, 401 Profit Sharing Plan, or 403(b) Retirement Plan accounts.
- If you have more than one MissionSquare 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 MissionSquare, please do not mail the original.

1 PERSONAL INFORMATION

Check one box only: <input type="checkbox"/> 457(b) <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b)		
EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:	STATE:
SOCIAL SECURITY NUMBER:	FULL NAME OF PARTICIPANT: <small>PLEASE INDICATE YOUR FORMER NAME HERE LAST, FIRST, MI</small>	

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: <small>LAST, FIRST, MI</small>

3 MARITAL STATUS CHANGE

IMPORTANT: Be sure to log into account access (www.icmarc.org) to update your beneficiary information.
NEW MARITAL STATUS: <small>CHECK ONE BOX</small> <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE

4 AUTHORIZATION

Your signature is required. Please sign this form using your new name.	
Participant Signature: _____	Date: <small>MM/DD/YYYY</small> _____

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS.