StanCERA | Stanislaus County Employees' Retirement Association

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 & MARITIAL 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 – YOU WILL NEED TO UPDATE INDIVIDUAL AGENCIES BELOW IF APPLICABLE

RESCO: (209) 521-1666 – CONTACT@RESCOTODAY.ORG

RESCO INSURANCE/RPP: (800) 399-7473– RESCO@RPPINS.COM

STANISLAUS COUNTY RISK MANAGEMENT: (209) 525-5717 – EARLYRETIREES@STANCOUNTY.COM

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: _____