



CHANGE OF NAME

This form is to record your legal name change. Please attach the proper documentation that is listed in Step 2.

STEP 1: Your Personal Information

Print your FORMER name in full

Mr Ms

Mrs Miss

First Name

Middle

Last Name

Date of Birth (mm/dd/yyyy)

Street Address

City

State

Zip Code

Print your NEW name in full

Mr Ms

Mrs Miss

First Name

Middle

Last Name

Street Address (if different from above)

City

State

Zip Code

Home Phone

Mobile

Email

STEP 2: Reason for Name Change

Check the reason below for your name change. Attach a copy of the listed documentation to this form. Do not send originals.

Marriage: Marriage certificate

Court Order: Court order

Divorce: Divorce decree and property settlement agreement

Spouse is Deceased: Death certificate

STEP 3: Signature

Sign below using your new name.

YOUR SIGNATURE

Social Security Number input boxes

Social Security Number

STEP 4: For Local Plan Administrators, YERDI Users, and Y Officers Only

If you are a Local Plan Administrator for your Y, other YERDI user, or an officer at your Y (CEO, CFO, CHRO, etc.), please check this box. The Fund will also update your name in these corresponding systems.

