

Request for Name and-or Address Change

NC 457 Plan

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Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

NC Plans Processing Center

Questions?		
Call 1-866-627-5267		

	PO Box 5340 for assistance. Scranton, PA 18505			
About	Plan number Sub plan number			
You	<u>0 1 2 0 0 3 </u>			
	Email address:			
	Social Security number Daytime telephone number			
	L			
	First name MI Last name			
Name	My name has been changed to the following:			
Change	First name MI Last name			
	Reason: example: marriage, divorce, court order, reported incorrectly, misspelled, etc.			
	We must receive one of the following documents to make a name change: Copy of the marriage certificate Copy of a court order or judgment indicating the name change.			
	 Copy of a court order or judgment indicating the name change Copy of Social Security card 			
New Address	New address			
	City State ZIP code			
	Daytime telephone number			
	area code			
Your Authorizati	I understand that Empower will rely on the information I have provided in processing this request. I further understand that I am responsible for its accuracy in the event any dispute arises.			
	X Participant's signature			