

El Paso County Retirement Plan



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PLAN ADMINISTRATOR

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CHANGE OF NAME

(Type or print except where signature is required)

FROM: _____
Last First Middle Initial

TO: _____
Last First Middle Initial

SOCIAL SECURITY NUMBER: _____

REASON FOR CHANGE: DIVORCE _____ MARRIAGE _____ OTHER _____

PLEASE ATTACH SUBSTANTIATING DOCUMENTATION (Marriage License, Divorce Decree, Court Order, etc.)

Member's Signature _____

Date _____