

THE DIOCESE OF SANTA ROSA LAY EMPLOYEES' PENSION PLAN

CHANGE OF NAME AND/OR ADDRESS

CHANGE OF NAME CHANGE OF ADDRESS

(This form cannot be used to change an employee's beneficiary designation or to request payment to a spouse or beneficiary after the employee's death.)

NAME CHANGE	
Classification (check one):	<input type="checkbox"/> Employee <input type="checkbox"/> Beneficiary
The former name was	_____
The present name is	_____
Social security number	_____

ADDRESS CHANGE	
Classification (check one):	<input type="checkbox"/> Employee <input type="checkbox"/> Beneficiary
Name	_____
Social security number	_____
The former street address was	_____
The former city, state and zip code was	_____
The present street address is	_____
The present city, state and zip code is	_____
Current telephone number	_____

Person Authorizing Change
(Print or Type Name)

Signature

Date

Plan Administrator's Representative
(Print or Type Name)

Representative's Signature

Date

SEND THIS COPY TO:
Retirement Plan Administrator
The Diocese of Santa Rosa Lay Employees' Pension Plan
P.O. Box 1297
Santa Rosa, California 95402
1-(707) 545-7610