



**NAME CHANGE FORM**

Pension Fund Name: \_\_\_\_\_

Social Security Number (last 4 digits only): XXX-XX-\_\_\_\_\_

**Effective Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Change my Name ***From:***

Previous Name: \_\_\_\_\_

Change my Name ***To:***

Legal Full Name (include middle initial): \_\_\_\_\_

**Explain Reason for Change:** \_\_\_\_\_

*(If you are changing your last name due to getting married, please include a copy of your Marriage Certificate with this form.)*

By signing below, I certify that the information above is accurate to the best of my knowledge:

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address (Please Print Clearly): \_\_\_\_\_

Please return this signed document and a copy of your **Marriage Certificate**, if applicable, to our Benefits Team:

- Email to [benefits@lauterbachamen.com](mailto:benefits@lauterbachamen.com)
- Mail to Lauterbach & Amen, LLP  
668 N. River Road  
Naperville, IL 60563

*Contact the Benefits Administration Hotline at 866.952.6329 if you have any questions.*