



**SOCIAL SECURITY CORRECTION FORM**

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

Pensioner's Legal Full Name (include middle initial): \_\_\_\_\_

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

Change my Social Security Number ***From:***

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Change my Social Security Number ***To:***

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

*(Social Security Numbers are very important; we respectfully request a copy of your Social Security Card with this form in order to update your records.)*

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

Pensioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Please return this signed document and a copy of your **Social Security Card** to our Benefits Team:  
***(For your protection do not email the copy of your Social Security Card, please fax or mail)***

- Fax to 866.952.2430
- 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.***