NAME CHANGE FORM

Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102 / www.scretire.org

I hereby request SCERA to update my records to change my name from the "Current Name" below to the "New Name" below. This document will be used for future signature verification. I have provided a copy of the new Social Security Card with "New Name" to ensure proper tax filing.

Print Current Name	XXX-XX- _____ SSN Last four digits
Signature - Current Name	Home Phone
Print New Name	Cell Phone
Signature - New Name	Date
OR Power of Attorney's Signature**	Date

MUST PROVIDE A COPY OF SOCIAL SECURITY CARD with New Name

❒ *Check box if name change is due to divorce or termination of Registered Domestic Partnership*

***Must have Power of Attorney Documentation in member's file or submission with this form.*

FOR SCERA RETIREES OR CONTINUANCE PAYEES

SCERA forwards this form to the Employer's Health Insurance Administration Department when you respond "Yes" to the comments below.

I have health insurance through the County of Sonoma. ❒ Yes

I have health insurance through Sonoma Superior Courts. ❒ Yes