NC401k

NORTH CAROLINA 401(k) PLAN

Request for Name Change

NC 401(K) PLAN

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to **1-570-340-4328.** If faxing, please keep original for your records.

NC 401(k) Processing Center
PO Box 5340
Scranton PA 18505-5340

Questions?
Call 1-866-NC401K1
for assistance.

About You

Plan number 0 0 2 0 0 3

Sub Plan number

Social Security number ___ - ___ - ____

First name MI Last name

Daytime telephone number ___ - ___ - ____
area code

Name Change

My name has been changed to the following:

First name MI Last name

Reason*: _____

*marriage, divorce, court order, reported incorrectly, misspelled, etc.

We must receive one of the following documents to make a name change:

- Copy of the marriage certificate
- Copy of a court order or judgment indicating the name change
- Copy of Social Security card

Participant's signature **X** _____ *Date* ____