

Change of personal information

Participant information (please print or type)

Participant name _____ Social Security number _____ - _____ - _____

Plan name _____ Contract # _____

Type of change

Name

Address

Effective date _____ - _____ - _____ (mm, dd, year)

New participant name _____

New address _____

City _____ State _____ Zip _____

Participant signature

Your signature _____ Date _____ - _____ - _____ (mm, dd, year)

- A copy of your legal documentation (marriage certificate, divorce decree, affidavit, etc.) must accompany this form.
- Please notify your employer of these changes also.



P.O. Box 2248
Fort Wayne, IN 46801-2248
Phone 800 248-0838

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DIR-29735 7/07
LFD0512-1728