

DEM100

	Title	Document No.	Rev.	Page
	CHANGE OF NAME FORM	Form RM-10	06/01/2009	1 of 1

Name: _____

Last 4 digits of SSN: _____

E-Mail Address: _____

INSTRUCTIONS:

1. Please print or type and sign the form. All changes require a signature for processing.
2. Return the form using one of the following methods:
 - a. Mail to: **City of San José**
Department of Retirement Services
1737 North First Street, Suite 580
San Jose, CA 95112-4505
 - b. Fax to: **(408) 392-6732**
 - c. E-mail scanned document to: **csj_retirement@sanjoseca.gov**
3. For help with filling out the form, call Accounting on (408) 794-1000, Press 1

Retiree/Survivor Requests the Following NAME Change:

FORMER NAME:		
LAST:	FIRST:	M. I.
NEW NAME:		
LAST:	FIRST:	M. I.

Please provide one of the following legal name change documents showing the **NEW** name:

- Social Security Card
- Court Documents
- Naturalization/Citizenship Document

Retiree/Survivor
or
POA* Signature: _____ **Effective Date:** _____

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

Department of Retirement Services Use Only	
Input By:	Date:
Legal Document Received:	