

**Chairperson**  
 Imogene Jones  
**Trustees**  
 Jennifer L Murphy  
 Anthony Distefano  
 Brian Hamerman  
 Irene Laracuenta  
 J.T. Lydon  
 Elizabeth Murray  
 Donna Orr  
 Renee Sealey

**New York State Court Clerks Association**  
**Security Benefits Fund**  
 170 Duane Street, New York, NY 10013  
 Office: (212) 941-5700 Fax: (212) 941-5705  
 www.nyscourtclerks.org



**Change of Name  
 Notification Form**

Member's Last Name		Member's First Name		Member's Social Security No.	
Member's Mailing Address			Apt. No.	Member's Date of Birth MM / DD / YY	
City		State	Zip	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
E-mail Address		Telephone No.		New Name For: Member <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>	

Dependent's Last Name		Dependent's First Name		Relationship to Member	
Member's Mailing Address		City	State	Zip	Dependent's Date of Birth MM / DD / YY

**New Name Information**

Last Name	First Name		Relationship to Member
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I certify that the information given is correct

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Complete and sign the form. Attach a copy of the name change certificate and return all documents to the Fund Office. Upon receipt, we will give our prompt attention.**

**Mail completed forms to:**

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