

Chairperson
 Imogene V. Jones
Trustees
 Jennifer L. Murphy
 Anthony Distefano
 Brian Hamerman
 Juanita Jordan
 Irene Laracuenta
 J.T. Lydon
 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 SSN (last 4 digits)	
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.		Member <input type="checkbox"/>	New Name For: Spouse <input type="checkbox"/> Other <input type="checkbox"/>

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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