Request for Name and-or Address Change

NC 401(k) PLAN

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records.

NC Plans Processing Center
PO Box 5340
Scranton, PA 18505

Questions?
Call 1-866-627-5267
for assistance.

About You

Plan number: 0 0 2 0 0 3

Sub plan number: _____

Email address: _____

Social Security number: ___-__-____

Daytime telephone number: ___-___-____
area code

First name _____ MI ___ Last name _____

Name Change

My name has been changed to the following:

First name _____ MI ___ Last name _____

Reason: _____
example: 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

New Address

New address _____

City _____ State ___ ZIP code _____-____

Daytime telephone number

___-___-____
area code

Your Authorization

I understand that Empower will rely on the information I have provided in processing this request. I further understand that I am responsible for its accuracy in the event any dispute arises.

X _____ *Date* ___/___/___
Participant's signature