



MEMBER NAME CHANGE

**FORM
302**
(Rev. 2025)

Purpose of the form: Use this form to change the name on file for you with CCCERA. The name change will apply to your CCCERA account. Statements, correspondence, tax information and benefits payments information will be sent to the new name.

Instructions:

- Complete the form in blue or black ink.
- Attach a copy of one of the following documents to verify name change: driver license, passport, social security card, marriage certificate, or divorce decree. (Attach as a 2nd page if needed).
- **Active Members** (currently working for a CCCERA employer). Do not use this form. You must change your name with your employer. CCCERA will receive name change information directly from your employer.
- **Retirees, Survivors, Divorce Split Payees and Deferred Members** (not currently working for a CCCERA employer). Send this form directly to CCCERA. Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.

Member Information				
Former Name – First	Middle	Last	Suffix	Last 4 of Social Security Number
New Name – First	Middle	Last	Suffix	Employee #
Membership Status (active members <u>cannot</u> use this form and must change their name with their employer): <input type="checkbox"/> Deferred <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor <input type="checkbox"/> Divorce Split Payee				
Daytime Phone Number (with area code)		Email Address		
Remarks				

Signature	
Member Signature	Date – mm/dd/yyyy

RETIREMENT STAFF USE ONLY – DO NOT WRITE	
Transaction or Payroll Date – mm/dd/yyyy	
Date – mm/dd/yyyy	Initials