



ALAMEDA COUNTY DEFERRED COMPENSATION PLAN

Change of Name or Address

Plan No: 0 0 6 8 0 9

Sub Plan No: 0 0 1 8 8 1

1 PARTICIPANT DATA

Social Security No: _____

First Name: _____ MI Last

Address: _____

City: _____ State: _____

Zip Code: _____ Department Number: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Date Employed: _____ Sex: _____
MO DAY YEAR MO DAY YEAR M F

2 PARTICIPANT DATA UPDATE

Please complete the following sections which need to be updated for the Alameda County Deferred Compensation Plan.

NAME CHANGE

Former Last Name: _____ MI First

New Last Name: _____ MI First

We must receive one of the following documents to make a name change: Copy of marriage certificate, copy of court order or judgment indicating the name change or a copy of your Social Security card reflecting name.

ADDRESS CHANGE

Address

City _____ State ZIP code

TELEPHONE NUMBER CHANGE

Home _____

Work _____

3 PARTICIPANT AUTHORIZATION

PLEASE NOTE: This form updates your name/address with the Deferred Compensation Plan only. Please inform your payroll clerk of your updated information so Central Payroll records can be updated. If you are retired, please update the Retirement office (510) 628-3000.

Participant Signature: _____ Date: _____

Please return this form to: Alameda County Treasurer's Office, Attn: DC Administration, 1221 Oak Street, 1st Floor, Room 131, Oakland CA, 94612 or interoffice mail QIC 20114.

4 EMPLOYER'S AUTHORIZATION - Treasurer's Office Use Only

Employer Signature: _____ Date: _____

