

NAME CHANGE & MARITAL STATUS UPDATE FORM

NAME OF MEMBER/PENSIONER RECEIVING PENSION BENEFIT:

Last Name: _____ First Name: _____ Middle Initial: _____

GE Pension # _____ Last 4 of Social: ***-**-____ Phone # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ **Effective Date for Change:** _____

IS YOUR NAME CHANGE DUE TO (check one of the following):

- | | |
|----------|------------------------|
| Marriage | To Restore Former Name |
| Divorce | Other |

DOCUMENTS REQUIRED WITH THIS FORM:

If Married:

- Copy of your Social Security Card with new name.
- Copy of your Driver's License with new name.
- Copy of Marriage Certificate/License
- Copy of Spouse's Social Security Card
- Copy of Spouse's Birth Certificate or Passport
- Copy of Spouse's Driver's License

If Divorced:

- Copy of Divorce Decree
- Copy of your Social Security Card with new name.
- Copy of your Driver's License with new name.

To Restore Former Name or Other:

- Copy of your Social Security Card with new name.
- Copy of your Driver's License with new name.
- Court document confirming new name.

Member/Pensioner's Signature

Date

RETURN COMPLETED FORM WITH REQUIRED DOCUMENTS TO ADDRESS OR FAX NOTED BELOW