

**NAME CHANGE**

SOCIAL SECURITY NO. _____

 ACTIVE RETIRED SURVIVOR DEFERRED

I hereby request that the Los Angeles County Employees Retirement Association change their records to reflect a legal change in my name from:

FORMER NAME:

(Please Print)

 Mr. Mrs. Ms. Other _____

FIRST

MIDDLE

LAST

NEW NAME:
 Mr. Mrs. Ms. Other _____

FIRST

MIDDLE

LAST

DAYTIME PHONE NO. _____

HOME PHONE NO. _____

SIGNATURE **X** _____

DATE _____

