

AFFIDAVIT FOR NAME CHANGE

Complete this form if your name has changed.
(Please print clearly in blue or black ink. If completing online, please type in your information.)

Pension Applicant's ID # or Social Security #: _____

I, _____, being duly sworn, depose and say: I make this affidavit in connection
PENSION APPLICANT'S NAME
with my pension application.

I was known to the Pension Funds as: _____
FULL NAME

I have also used the name of: _____
FULL NAME

My Social Security number is: _____
SOCIAL SECURITY NUMBER

I am one and the same person, and I make this affidavit to induce the Trustees to act favorably on my application for pension benefits.

PENSION APPLICANT'S SIGNATURE

THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED AND SEALED BY A NOTARY PUBLIC.

On the _____ day of _____, 20____, before me came

_____, to me known and known to me to be the person

described above who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

[NOTARY SEAL]

My commission expires:

_____, 20____

COUNTY

STATE

NOTARY SIGNATURE