Personal Information Change Request

(For participants who have been separated from service)

Do **not** complete this form if you are employed. Contact your Plan Administrator to make any changes.

SUNTRUST

City of Cocoa, Florida Defined Contribution Plan 293138-01

Participant Information - Provide name/Social Security number as it currently appears on your account.

Last Name | First Name | MI

Social Security Number

Account Extension (if applicable)*

*Account extension identifies funds that were transferred to you through a divorce or death.

❑ **Name Change - Attach copy of marriage certificate or divorce decree.**

Last Name | First Name | MI

❑ **Personal Information Correction/Change**

Mo Day Year

Date of Birth

❑ Married ❑ Unmarried

❑ Female ❑ Male

Employee ID

Social Security Number

Attach copy of birth certificate.

Attach copy of Social Security card and driver's license or photo identification.

❑ **Address and Phone Number Change**

Address – Number & Street

City | State | Zip Code

( ) Home Phone

( ) Work Phone

E-Mail Address

Required Signature

I affirm that the information I have provided on this form is true and correct.

Participant Signature **Date**

Participant forward to Plan Administrator

Plan Administrator
Update Plan Service Center and retain in participant file