# 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: MO DAY YEAR Date Employed: MO DAY YEAR Sex: 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: _____

Ed. 8/2010

Prudential