



The Premier Plan

*Eligible Full-Time, Part-Time, Seasonal, and Temporary Employees
Social Security Alternative Retirement Plan*

Name Change Request Form

Your Employer: _____

EMPLOYEE INFORMATION:	
Old Name:	Social Security #:
New Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	Daytime Phone #: ()
City:	Evening Phone #: ()
State/Zip:	Date of Birth:
<input type="checkbox"/> Check box, if new address	

Please attach a copy of legal documentation supporting your name change request. Name changes will only be processed when appropriate legal documentation is provided.

ACKNOWLEDGEMENT:	
_____ SIGNATURE	_____ DATE

Please forward this completed form to: MidAmerica Administrative & Retirement Solutions, Inc.
211 East Main Street, Suite 100
Lakeland, FL 33801