



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 Gender: 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 or fax to (510) 272-6826.

4 EMPLOYER'S AUTHORIZATION - Treasurer's Office Use Only
Employer Signature: Date:

