

**NAME CHANGE REQUEST FORM  
LABORERS' DISTRICT COUNCIL BENEFIT FUNDS**

This request applies with respect to the following: Laborers' District Council Construction Industry Pension, Education and Training/Apprenticeship, Building and Construction Health and Welfare, Plasterer Tenders and Laborers' Health and Welfare, Heavy and Highway Construction Health and Welfare, Prepaid Legal, and Health and Safety Funds.

**This form must be notarized.**

I am a (check box that applies):  Member  Pension Beneficiary  Spouse  Dependent  Alternate Payee

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_

Social Security Number: \_\_\_-\_\_-\_\_\_\_

I request that my name be changed:

From: \_\_\_\_\_

To: \_\_\_\_\_

For the District Council Benefit Funds to process this request form, you must submit at least one of the following (please check all that apply) that evidences your new name:  Court Order  Social Security Card

In addition to the above, you must also present a government issued photo-ID card indicating your new name (such as driver's license or passport).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*(This form must be signed as your name appears before the changes will be made)***

State of: \_\_\_\_\_

County: \_\_\_\_\_

Sworn and Subscribed before me this \_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_

Commission expires: \_\_\_\_\_