



## International Painters and Allied Trades Industry Pension Fund

7234 Parkway Drive · Hanover, MD 21076  
Telephone: (410) 564 -5500 · Toll Free: (800) 554-2479 · Fax: (866) 656-4160  
pension@iupat.org · www.iupatpension.org

### Name Change Request

A copy of the legal document establishing the name change must accompany this form in order to process a change of name request (e.g. marriage license, divorce decree, passport, Social Security card).

#### Section A: Name Change Information

I request that my name be changed as follows:

Name Changed From (please print): \_\_\_\_\_

Name Changed To (please print): \_\_\_\_\_

Reason for Name Change:  Marriage  Divorce  Legal Name Change  Other\*

\*If you selected "Other", please specify the reason: \_\_\_\_\_

\_\_\_\_\_

#### Section B: Participant/Annuitant Authorization

I hereby request the International Painters and Allied Trades Industry Pension Fund to change my address of record as stated above. I understand that this form must be notarized and received by the Fund for processing to occur.

Participant/Annuitant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Must be signed in the presence of a Notary Public.*

SSN: \_\_\_\_\_

#### Section C: Notary Public Verification

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires

(SEAL)

**Please return this form to the Fund office at the address listed above.**