

# SBCERS

Santa Barbara County Employees' Retirement System

## NOTICE OF NAME CHANGE

I certify that I am a member/retiree/beneficiary of the Santa Barbara County Employees' Retirement System listed under the name:

\_\_\_\_\_  
Please Print

My name has been changed to \_\_\_\_\_, and I request that the records of the System be changed accordingly. I enclose a copy of my legal proof of this change as further authorization for you to make this change (i.e.: Court Order, Marriage Certificate, or Social Security card).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date