



**AMI Benefit Plan  
Administrators, Inc.**

*More than just administration . . .*

**CHANGE OF NAME/ADDRESS FORM**

***Information as it currently appears:***

Participant Name \_\_\_\_\_

Company Name \_\_\_\_\_

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

***Change the information as follows:***

New Name: \_\_\_\_\_

Reason for Change:  Marriage       Divorce       Other \_\_\_\_\_

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

\_\_\_\_\_

Corrected Social Security Number: \_\_\_\_\_

Corrected Date of Birth: \_\_\_\_\_

Corrected Date of Hire: \_\_\_\_\_

Marital Status:  Single     Married     Divorced

Memo to AMI: \_\_\_\_\_

\_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please fax or mail this form to the address indicated below.***