



**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: _____

Email Address _____

Marital Status: Single Married Divorced

Memo to AMI: _____

Participant Signature _____ Date _____

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