

**New Name**

Account # or SSN: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Previous Name**

Previous Name: \_\_\_\_\_

Our office must receive documentation in order to process a name change. Please provide a photocopy of one of the following:

- State Driver's license or ID card;
- Court Document;
- Marriage license;
- Passport; or
- Social Security Card.

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

**Form Return**

Please return your completed name change request with documentation to Kentucky Deferred Comp:

**By Mail:** Kentucky Deferred Comp  
501 High Street, 2nd Floor  
Frankfort KY, 40601

**By Fax:** (502)-573-4494

**For Authority Use Only**

Accepted for the KPEDCA by:

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

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