

Chairperson
Michael Greico

Trustees
Jennifer L Murphy
Roselyn Acevedo
Averell Golub
Yoseph Goldstein
Juanita Jordan
J.T. Lydon
Renee Sealey
Donna Orr

New York State Court Clerks Association

Security Benefits Fund

170 Duane Street, New York, NY 10013
Office: (212) 941-5700
www.nyscourtclerks.org



Change of Name Notification Form

Member's Last Name		Member's First Name		Member's SSN (last 4 digits)	
Member's Mailing Address			Apt. No.	Member's Date of Birth MM / DD / YY	
City		State	Zip	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
E-mail Address		Telephone No.		Member <input type="checkbox"/>	New Name For: Spouse <input type="checkbox"/> Other <input type="checkbox"/>

New Name Information

Last Name	First Name	Relationship to Member
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I certify that the information given is correct	
Member's Signature: _____	Date: _____

Please Complete and sign the form. Attach a copy of the name change certificate and return all documents to the Fund Office. Upon receipt, we will give our prompt attention.

Mail or Email completed forms to:

New York State Court Clerks Association
170 Duane Street
New York, NY 10013
Office (212) 941-5700 – Email: courtclerkclaims@aol.com