

## BENEFICIARY CHANGE OF NAME AFFIDAVIT

I hereby certify that I am a beneficiary of the Merced County employees' Retirement Association I became a beneficiary under the name of:

\_\_\_\_\_

My name has been changed to: \_\_\_\_\_

Please state the reason for name change. \_\_\_\_\_

I hereby request that the records of the Merced County Employees' Retirement Association be changed accordingly.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number of Employee

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness