

New York City Employee IRA Personal Information Change Request Form

PLEASE PRINT (BLACK INK PREFERRED)

Mail (do not fax) completed form to:

New York City Employee IRA Bowling Green Station, P.O. Box 93 New York, New York 10274-0093 (212) 306-7760 (888) IRA-NYCE (outside NYC)



Web site: http://nyc.gov/nyceira 1 Type of Change ☐ Name (ATTACH DOCUMENTATION) ■ Address and Phone Number change ☐ Beneficiary designation or address change: (SEE 7 NOTARY ON REVERSE SIDE) CHECK HERE IF YOU WOULD LIKE A ☐ Social Security Number (ATTACH DOCUMENTATION) ☐ TRADITIONAL NYCE IRA ☐ ROTH NYCE IRA REMINDER PIN SENT TO YOUR NEW ☐ INHERITED TRADITIONAL NYCE IRA ☐ INHERITED ROTH NYCE IRA ADDRESS 2 Account Owner Information SOCIAL SECURITY NUMBER DATE OF BIRTH AREA CODE HOME TELEPHONE NUMBER AREA CODE WORK TELEPHONE NUMBER LAST NAME FIRST NAME MI HOME MAILING ADDRESS - STREET AND NUMBER APT CITY ZIP CODE + FOUR 3 Name Change: ATTACH COPY OF MARRIAGE CERTIFICATE OR DIVORCE DECREE LAST NAME AS IT CURRENTLY APPEARS ON YOUR ACCOUNT FIRST NAME AS IT CURRENTLY APPEARS ON YOUR ACCOUNT 4 Social Security Number Change: ATTACH COPY OF SOCIAL SECURITY CARD AND DRIVER'S LICENSE OR PHOTO IDENTIFICATION SOCIAL SECURITY NUMBER AS IT CURRENTLY APPEARS ON YOUR ACCOUNT 5 Beneficiary Designation: I name the following beneficiary(ies) to receive my NYCE IRA account balance in the event of my death. If more than one beneficiary is named, payment will be made in equal shres to the surviving beneficiaries, unless specified otherwise. NOTE: If you are electing a Trust as a beneficiary, the Trust must already be established. The NYCE IRA will not establish a Trust for you. ☐ PLEASE CHECK THIS BOX IF YOU ARE ATTACHING A LIST OF ADDITIONAL BENEFICIARIES ON A SEPARATE PIECE OF PAPER. THIS BENEFICIARY IS (CHECK ONE): STATUS BENEFICIARY'S SOCIAL SECURITY NUMBER **1**st ☑ Primary ■ A Person ■ My Estate ☐ A Trust ■ A Charity/Organization BENEFICIARY'S (OR TRUSTEE'S) LAST NAME (INCLUDE ADDITIONAL INFORMATION BELOW.) BENEFICIARY'S (OR TRUSTEE'S) FIRST NAME MI BENEFICIARY'S (OR TRUSTEE'S) HOME MAILING ADDRESS - NUMBER AND STREET □ CHECK HERE IF THIS IS A NEW ADDRESS. APT COUNTRY CITY ADDITIONAL TRUST OR CHARITY/ORGANIZATION INFORMATION PERCENTAGE TO BE RECEIVED RELATIONSHIP ☐ DAUGHTER/SON ☐ PARENT ☐ SPOUSE ■ SISTER/BROTHER ■ OTHER THIS BENEFICIARY IS (CHECK ONE): STATUS BENEFICIARY'S SOCIAL SECURITY NUMBER **2**ND ■ A Person ■ My Estate ☐ A Trust ■ A Charity/Organization ☐ Primary ☐ Contingent BENEFICIARY'S (OR TRUSTEE'S) LAST NAME (INCLUDE ADDITIONAL INFORMATION BELOW.) BENEFICIARY'S (OR TRUSTEE'S) FIRST NAME MI BENEFICIARY'S (OR TRUSTEE'S) HOME MAILING ADDRESS - NUMBER AND STREET ☐ CHECK HERE IF THIS IS A NEW ADDRESS. APT CITY STATE ZIP CODE COUNTRY PERCENTAGE TO BE RECEIVED RELATIONSHIP ADDITIONAL TRUST OR CHARITY/ORGANIZATION INFORMATION

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☐ DAUGHTER/SON ☐ PARENT ☐ SPOUSE

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