

NAME \_\_\_\_\_ CUSTOMER IDENTIFICATION # \_\_\_\_\_

**CHANGE OF NAME**

I request that my name on Mutual of America's records be changed:

From

FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

To

FIRST \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

REASON FOR CHANGE:  Marriage  Divorce  Court Order  Other

PLEASE ATTACH A COPY OF ONE OF THE FOLLOWING:  Marriage License  Divorce Decree  Court Order

*Note: Social Security cards or state-issued identification cards are not acceptable documents for proof of a name change.*

**CHANGE OF ADDRESS**

I request that my address on Mutual of America's records be changed:

From

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If Foreign Resident: Province \_\_\_\_\_ Country \_\_\_\_\_

To

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If Foreign Resident: Province \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell/Mobile Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<b>Sign Here</b>	SIGNATURE	TODAY'S DATE

*For Use By Mutual of America Only*

<b>NAME CHANGE CONFIRMATION</b>	
SIGNATURE OF REGISTERED PRINCIPAL	DATE

**FOR MUTUAL OF AMERICA USE ONLY**