## Universal Name / Address Change Form

SC Retirement Systems requires a certified true copy of marriage license or court order for name change.

PRINT OR TYPE – USE **BLACK** INK

54002 – Richland School District Two				
Group Number and Name		Effective Date		
TYPE OF CHANGE: Name		Address	Both	
1. SOCIAL SECURITY #				
2. NAME				
First Middle	e Initial	Last		
3. STREET		APARTMENT #		
4. CITY STATE	ZIP CODE	COU	NTY	
5. HOME PHONE ( ) WORK PHONE ( )				
6. PREVIOUS NAME (if applicable)				
First Middle In	itial Las	t		
7. PREVIOUS ADDRESS (if applicable)				
,				
Street	Ара	artment #		
City	Stat	te	Zip Code	
Benefits Signature	Date	е		
Distribution:				
Human Resources S.C. Deferred Compensation Program (S		Program (SCDCP)		
		Employer Code: 1301 c/o CitiStreet		
	c/o CitiSt P.O. Box			
	Boston, N	VA 02206-5182		
		ORP Vendor (ORP) Name of Vendor:		
Post Office Box 11661 - Columbia, SC 29211-1661 (Health/Dental/DependentLife/OptionalLife)	Name of	vendor:		
SC Retirement Systems (SCRS)	Trustmar	k Life AllState Crit	ical Illness Spectera	
P.O. Box 11960	Fax to W	ard Services: 790-16	11	
Columbia, SC 29211-1960	Vision	www.opootore.com		
Fringe Benefits Management Co. (FBMC) Fax # 1-850-425-6220		ww.spectera.com		
EMC: Fax to Lora Buske (Life Crisis/Cancer) Fax # 515-345-4216	TERI/reti	ree: email employee		
TSA: email employee –				