

NAME \_\_\_\_\_

XXX-XX-  
Last 4 Digits of Social Security Number

**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 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sign  
Here

SIGNATURE

TODAY'S DATE

**Mail this completed form and any additional documentation to:**

Mutual of America Financial Group  
P.O. Box 20011  
New York, NY 10011

*For Use By Mutual of America Only*

**NAME CHANGE CONFIRMATION**

SIGNATURE OF REGISTERED PRINCIPAL

DATE