

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