



NAME / ADDRESS CHANGE FORM

Please return this form to: CENTRAL WASHINGTON UNIVERSITY, Human Resources, Bouillon Hall, Room 140, Mail Stop 7425, or mail to Human Resources: 400 E. University Way, Ellensburg, WA 98926-7425

Note:, We are required to ensure that you are paid under the same name as the Social Security Administration has on file. For name changes, please bring your Social Security card with this form to Human Resources, or attach a photocopy of your Social Security card. **Please submit a new W4 form with your new name to the Payroll department & a new I-9 form with your new name to Human Resources.** *These are not necessary with an address change.*

- Faculty
 Classified Staff
 Exempt
 Temporary hourly
 Retiree

NAME CHANGE

| | | |
|---|-------------|---------------------------|
| Employee ID# <u>or</u> Social Security #: | | Effective date of change: |
| New Name: | | |
| Former Name: | Department: | |
| Is this a change in marital status (for benefits eligibility information): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Signed: | | Date signed: |

ADDRESS CHANGE

| | | |
|---|-------------|---------------------------|
| Employee ID# <u>or</u> Social Security #: | | Effective date of change: |
| Name: | Department: | |
| New Address: _____ | | |
| Signed: | | Date Signed: |

For Human Resources Use Only:

| | |
|---|--|
| <input type="checkbox"/> For name change, verify Social Security card by _____ | |
| <input type="checkbox"/> Change name/address in PeopleSoft by _____ (Must be 1 st day of effected pay period) | |
| Original to HRA: Actions <input type="checkbox"/> Change personnel file name, file original <input type="checkbox"/> Change name in CUPA list (Adm/Ex) <input type="checkbox"/> Notify department of name change <input type="checkbox"/> Give copy to benefits <input type="checkbox"/> Email OEO & Help Desk of name change | Copy to Benefits Assistant: Actions <input type="checkbox"/> Change benefits file name, file copy <input type="checkbox"/> HCA: Name / Address <input type="checkbox"/> Med/Dental eligibility (Add or COBRA) <input type="checkbox"/> Beneficiary change: Life and Retirement <input type="checkbox"/> Retirement vendors: Name / Address |

HR/Benefits/Forms/Change of name or Address
Revised: ES

Central Washington University

Retirement Vendors Name /Address Change information

FIDELITY INVESTMENTS:

<http://www.fidelity.com/workplace/index.shtml>

CWU 403b plan participants can change the address on their Fidelity accounts by phone or by mail. An address-change confirmation is sent both to the old and new address and a 15-day freeze on redemptions is placed on the account. The freeze ensures that the participant receives the change of address confirmation before a redemption is made and protects the participant against fraud.

The phone number and address to mail a change of address is:

Fidelity Investments
PO Box 770002
Cincinnati, OH 452377-0089
1-800-343-0860

To change a name, the participant must send in a copy of their marriage certificate showing their new name, along with a letter of instruction. If the name change is due to divorce, a copy of the court document permitting the name change is required.

TIAA-CREF:

Change on WEB at: www.tiaa-cref.org

Phone: 800-842-2733. Hearing or speech impaired phone: 800 842-2755

Postage paid change of address envelopes available in H/R

To protect against fraud, TIAA-CREF will mail confirmation of the change to the new and the old addresses.

VANGUARD:

<http://flagship.vanguard.com/web/corcontent/CorporatePortal.html>

Phone Participant Services at: 1 800-523-1188

The Vanguard Group

Attn: Plan 91424

P.O. Box 1101

Valley Forge Pa 19482