



# New York City Employee IRA Personal Information Change Request Form

Mail (do not fax) completed form to:

New York City Employee IRA  
Bowling Green Station, P.O. Box 93  
New York, New York 10274-0093

(212) 306-7760 TTY (212) 306-7707  
(888) IRA-NYCE (outside NYC)  
Web site: <http://nyc.gov/nyceira>



Please print (black ink preferred)

## 1 TYPE OF CHANGE

- Name (attach documentation)
- Address and phone number change:  
 Check here if you would like a Reminder PIN sent to your new address
- Social Security Number (attach documentation)
- Beneficiary designation or address change: (see 7 Notary on reverse side)  
 Traditional NYCE IRA       Roth NYCE IRA       All  
 Inherited Traditional NYCE IRA       Inherited Roth NYCE IRA

## 2 ACCOUNT OWNER INFORMATION

Social Security Number	Date of Birth (MM/DD/YY)	Area Code	Home Telephone No.	Area Code	Work Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		First Name			MI
<input type="text"/>		<input type="text"/>			<input type="text"/>
Home Mailing Address - Number and Street				Apt. No.	
<input type="text"/>				<input type="text"/>	
City		State	Zip Code		
<input type="text"/>		<input type="text"/>	<input type="text"/>		

## 3 NAME CHANGE: Attach copy of marriage certificate or divorce decree

Last Name as it currently appears on your account	First Name as it currently appears on your account	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4 SOCIAL SECURITY NUMBER CHANGE: Attach copy of Social Security card and driver's license or photo identification

Social Security Number as it currently appears on your account:

## 5 BENEFICIARY DESIGNATION: I name the following beneficiary(ies) to receive my NYCE IRA account balance in the event of my death. If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless specified otherwise. NOTE: If you are electing a Trust as a beneficiary, the Trust must already be established. The NYCE IRA will not establish a Trust for you.

Please check this box if you are attaching a list of additional beneficiaries on a separate piece of paper.

<b>1st</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status: <input checked="" type="checkbox"/> Primary	Beneficiary's Social Security Number <input type="text"/>
	Beneficiary's (or Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Trustee's) First Name <input type="text"/>
Beneficiary's (or Trustee's) Home Mailing Address - Number and Street <input type="text"/>		Apt. No. <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>		Additional Trust or Charity/Organization Information <input type="text"/>	
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		

<b>2nd</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
	Beneficiary's (or Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Trustee's) First Name <input type="text"/>
Beneficiary's (or Trustee's) Home Mailing Address - Number and Street <input type="text"/>		Apt. No. <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>		Additional Trust or Charity/Organization Information <input type="text"/>	
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		

