



403(b) Change of Address/Name Form

Participant Instructions

The Change of Address/Name Form is to be used to change your address or name as maintained by the Plan if you are no longer actively making contributions to the Plan or if you have terminated employment with your district. If you are still actively making contributions to the Plan and you are still employed by your district, this form is generally not needed -- simply notify your district payroll office of the address/name change. Please note that address/name information provided by your employer will supersede any address/name change made by submission of this form. For name change, please provide documentation (i.e. marriage certificate, divorce documentation, etc).

Completed forms should be faxed to National Benefit Services at 1-800-597-8206 or emailed to FBCsupport@nbsbenefits.com

If you have questions or want to check the status of the form, please contact National Benefit Services at 1-800-274-0503 ext. 5.

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Fringe Benefits Consortium

1 Participant Information

Participant Name

Social Security Number

Participant Email Address

Date of Birth

School District or Former School District

Broker/Financial Advisor Name

Broker/Financial Advisor Phone Number

2 Information for Name Change

Documentation required-copy of marriage certification or divorce decree

Former Participant Name

Current Participant Name

3 Information for Address Change

Former Mailing Address - Mailing Address, City, State, Zip Code

Current Mailing Address - Mailing Address, City, State, Zip Code

4 Participant Approval

Participant Signature (Required)

Date