



SOCIAL SECURITY CORRECTION FORM

Pension Fund Name: \_\_\_\_\_

Pensioner's Legal Full Name (include middle initial): \_\_\_\_\_

Social Security Number Change

Change my Social Security Number **From:**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Change my Social Security Number **To:**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Explain Reason for Change: \_\_\_\_\_

*(Because Social Security Numbers are very important, we respectfully request a copy of your social security card with this form in order to update your records.)*

By signing below, I certify that the information above is accurate to the best of my knowledge:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address (Please Print Clearly): \_\_\_\_\_

Please return the signed document to our Benefits Team: *(For your protection do not email the copy of your Social Security Card, please fax or mail)*

- Fax to 866.952.2430
- Mail to Lauterbach & Amen, LLP  
27W457 Warrenville Road  
Warrenville, IL 60555