

LEGAL NAME CHANGE

University of California

UBEN 174 (R8/25) University of California Human Resources

Send completed form to:
UC RASC
P.O. Box 24570
Oakland, CA 94623-1570

THIS FORM IS FOR RETIREES, DISABLED MEMBERS, SURVIVORS AND FORMER EMPLOYEES ONLY.

Use this form to update your UCRP and Retiree Health records with your court approved legal name change for UC retirees, disabled members, survivors and former employees. You may also use this form to update your Member Contacts (such as your health dependent, beneficiary, or contingent annuitant). Please print clearly and fill in the form completely. E-signatures are accepted. Typed signatures will not be accepted.

If you are an active UC employee (i.e., full-time, part-time or volunteer), please contact UCPATH to make any updates to your demographic information (including legal/lived name, gender identity and/or address).

Former employees, retirees and UCRP disabled members with remaining balances in the UC Retirement Savings Program, please contact Fidelity Retirement Services to make demographic changes (866)-682-7787.

If you would like to change your lived name, gender identity, pronoun and/or sexual orientation, please log into your UCRAYS account or complete the [UBEN 175 form](#).

SECTION 1 - PERSONAL INFORMATION

MEMBER NAME (Last, First, Middle Initial)

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

BIRTHDATE (MM/DD/YYYY)

ADDRESS (Number, Street, City, State, ZIP)

PHONE

SECTION 2 - NEW LEGAL NAME

CURRENT LEGAL NAME (Last, First, Middle Initial)

NEW LEGAL NAME (Last, First, Middle Initial)

SECTION 3 - LIFE EVENT Select reason for name change

☐ Marriage ☐ Dissolution of marriage ☐ Change Legal name to match Gender Identity

☐ Other Legal name change approved by the court. Please describe: _____

SECTION 4 - CONFIRM FOR WHO(M) the name change is being requested

Are you requesting legal name change for yourself? ☐ Yes ☐ No

If no, who is this request for (additional signature will be required in Section 6):

☐ Spouse or Domestic Partner ☐ Child or grandchild ☐ Member you represent (POA/Conservator or Guardian)

☐ Other - Relationship _____

SECTION 5 - LIST PREVIOUS NAMES (If applicable)

FIRST

MIDDLE

LAST

FIRST

MIDDLE

LAST

SEE REVERSE FOR PRIVACY NOTIFICATIONS

SECTION 6 - Supporting court approved legal document with new legal name

You must select and submit one of the following (copies are accepted):

- ☐ Court approved legal name change documentation ☐ Divorce Decree ☐ State issued Marriage Certificate
- ☐ Valid US Passport ☐ REAL ID (other driver's licenses/government ID's are not accepted)
- ☐ OTHER Description: _____

All documents submitted must contain all seals, signatures and file numbers specific to the document and jurisdiction.

SECTION 6 - REQUIRED SIGNATURE(S)

MEMBER	DATE
MEMBER REPRESENTATIVE	DATE
MEMBER CONTACT	DATE

PRIVACY NOTIFICATIONS**STATE**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.