



SOCIAL SECURITY NUMBER ADD / CHANGE FORM

- The Contributor should complete, sign, date and have this form notarized below.
- Questions should be directed to Customer Service at our toll-free number 1-888-772-4723.
- Submit to SCTPP, PO Box 44289, Jacksonville, FL 32231-4289 or fax to 1-800-519-4652.
- Please allow 5-7 business days for completion of update.

Current Contract Information

SCTPP Account Number _____
Current Contributor _____
Daytime Telephone Number _____
Current Beneficiary _____

Please select the individual(s) for which the Social Security Number update applies and provide the correct information:

____ Contributor Name _____ Social Security Number _____
____ Beneficiary Name _____ Social Security Number _____
____ Joint Contributor Name _____ Social Security Number _____

I certify that I am the legal contract Contributor, and I authorize SCTPP to update the above-referenced contract.

Current Contributor's Signature (Notary must witness signature) Date

Notary Section

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature _____ Date _____

(Seal or Stamp)