



Personal Information Change Request

Use blue or black ink to complete this form.

State of Tennessee 457 and 401(k) Plans

98986

Participant Information - Provide name/Social Security number as it currently appears on your account.

Last Name	First Name	MI	Social Security Number
			Account Extension (if applicable)

Name Change - Attach a copy of marriage certificate, divorce decree, driver's license, SSN card or other legal documentation.

Last Name	First Name	MI
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Personal Information Correction/Change

Mo	Day	Year			
Date of Birth			<input type="checkbox"/> Female	<input type="checkbox"/> Male	Social Security Number
Attach copy of birth certificate.			Attach copy of Social Security card and driver's license or photo identification.		

Address and Phone Number Change

Address - Number & Street		
City	State	Zip Code
() Home Phone	() Work Phone	
E-Mail Address		

Required Signature(s) and Date

Participant Consent

I affirm that the information that I have provided on this form is true and correct.

Participant Signature

Date

Participant forward to Service Provider at:
 Great-West Retirement Services®
 545 Mainstream Drive, Suite 407
 Nashville, TN 37228
Phone #: 1-800-922-7772
Web site: www.tn.gov/treasury/dc

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