



Personal Information Change Request
Governmental 457(b) Plan

Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, contact Service Provider at 1-877-457-9327.

98971-01 Wisconsin Deferred Compensation Program

A Participant Information (Provide Name, Social Security Number and Date of Birth as it currently appears on the account)

Social Security Number Account Extension
Last Name First Name M.I. Date of Birth
I have a retirement savings plan with a previous employer or an IRA. Yes or No

B Name Change (Attach a copy of birth certificate, divorce decree, marriage certificate or court order)

Last Name First Name M.I.

Address and/or Contact Information Change

Street Address
City State Zip Code
Personal Phone Number Work Phone Number Email Address

Personal Information Change

Date of Birth (Attach a copy of Birth Certificate)
Female Male

Social Security Number Change (If I am still employed, I must obtain approval from my Employer)

Social Security Number (Attach a signed copy of Social Security Card)
Investment balances and future allocation elections will not change as a result of this correction.

C Signatures and Consent

Participant Consent

I affirm that the information I have provided on this form is true and correct.
Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.
Participant Signature Date (Required)

Authorized Plan Administrator/Trustee Approval (Required for Social Security Number changes only)

I certify and accept that the information provided by the participant on this form is correct.
Authorized Plan Administrator/Trustee Signature Date (Required)

D Mailing Instructions

Participant forward to Wisconsin Deferred Compensation
Wisconsin Deferred Compensation forward to Service Provider
Wisconsin Deferred Compensation Great-West Retirement Services
5325 Wall Street Regular Mail: Phone: 1-877-457-9327 Express Mail:
Suite 2755 PO Box 173764 Fax: 1-608-241-6045 8515 E. Orchard Road
Madison, WI 53718 Denver, CO 80217-3764 Website: www.wdc457.org Greenwood Village, CO 80111

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