



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, visit the Web site at www.AlabamaRetire.com or contact Service Provider at 1-877-313-2262.

State of Alabama Deferred Compensation Plan

98954-01

A	Participant Information (Provide Name, Social Security Number and Date of Birth as it currently appears on the account) <small>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</small> <div style="display: flex; justify-content: space-between;"><div>Account Extension _____</div><div>Social Security Number (Must provide all 9 digits) <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="margin: 0 5px;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="margin: 0 5px;">-</div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></div><div style="display: flex; justify-content: space-between;"><div>Last Name _____</div><div>First Name _____</div><div>M.I. _____</div><div>Date of Birth _____</div></div><div>I have a retirement savings plan with a previous employer or an IRA. <input type="checkbox"/> Yes or <input type="checkbox"/> No</div></div>
B	Name Change (Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order) Last Name _____ First Name _____ M.I. _____ Address and/or Contact Information Change Street Address _____ City/State/Zip Code _____ () () Daytime Phone Number _____ Alternate Phone Number _____ Email Address _____ Personal Information Change Date of Birth ____/____/____ (Attach a copy of Birth Certificate) Change of Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> 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 Signature (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 Signature _____ Date (Required) _____
D	Mailing Instructions After all signatures have been obtained, this form can be sent by <div style="display: flex; justify-content: space-between;"><div>Fax to: 1-866-745-5766</div><div>OR Regular Mail to: Great-West Financial® PO Box 173764 Denver, CO 80217-3764</div><div>OR Express Mail to: Great-West Financial® 8515 E. Orchard Road Greenwood Village, CO 80111</div></div>

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