



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.sers457.com or contact Service Provider at 1-866-737-7457.

Commonwealth of Pennsylvania Deferred Compensation Program

98978-01

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> Account Extension _____ Social Security Number (Must provide all 9 digits) _____ Last Name _____ First Name _____ M.I. _____ Date of Birth _____ I have a retirement savings plan with a previous employer or an IRA. <input type="checkbox"/> Yes or <input type="checkbox"/> No
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 <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> Fax to: 1-866-745-5766 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 30%; vertical-align: top;"> Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 20%; vertical-align: top;"> Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 </td> </tr> </table>	Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111
Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111		

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.
GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.
Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.