



Personal Information Change Request Governmental 457(b) Plan

Use black or blue ink when completing 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.wdc457.org or contact Service Provider at 1-877-457-9327.

Wisconsin Deferred Compensation Program

98971-01

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

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Social Security Number (Must provide all 9 digits)

Last Name _____

First Name _____

M.I. _____

Date of Birth ____/____/____

I have a retirement savings account with a previous employer or an IRA. Yes or No

I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # _____ - _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to my Plan's provisions.

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)

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)

C Signatures and Consent (Signatures must be on the lines provided.)

Participant Consent (Please sign on the 'Participant Signature' line below.)

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)

(Please sign on the 'Authorized Plan Administrator Signature' line below.)

I certify and accept that the information provided by the participant on this form is correct.

Authorized Plan Administrator Signature _____ **Date (Required)** _____

Last Name

First Name

M.I.

Social Security Number

Number

D	Mailing Instructions							
	<p>After all signatures have been obtained, this form can be sent by</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Fax to: 1-866-745-5766 </td> <td style="width: 33%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 33%; vertical-align: top;"> Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764 </td> </tr> <tr> <td style="width: 33%; vertical-align: top;"> Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 </td> <td style="width: 33%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 33%;"></td> </tr> </table>			Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	OR
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