



INFORMATION CHANGE REQUEST

WYOMING RETIREMENT SYSTEM PENSION PLAN &
WYOMING RETIREMENT 457 DEFERRED COMP PLAN

WRS-3 Info Change (Revised 4/2022)

Information will be changed on all WRS Retirement Accounts <u>AND</u> the WRS 457 Deferred Comp Account unless indicated otherwise. <input type="checkbox"/> WRS RAIN Only <input type="checkbox"/> WRS 457 Deferred Comp Account Only				Need to change your Beneficiary?	
				Forms can be found on our website https://retirement.wyo.gov/ for both the pension and 457 DC plan	
First Name	MI	Last Name	RAIN ID	Marital Status <input type="checkbox"/> Married or <input type="checkbox"/> Single	
Home/Cell Phone Number		Personal Email Address		Social Security Number (SSN)	
Current Employer Name					

PLEASE MARK ALL INFORMATION THAT NEEDS CHANGED OR CORRECTED

Change my email address to _____.

Change my SSN to _____ - _____ - _____ Attach a photocopy of your Social Security card.

Change my Date of Birth to ____/____/____ Attach a copy of Birth Certificate.

Change my sex to (mark one) Male or Female

Change my name from _____ to _____ *

* Attach a copy of a legal document showing your current legal name (birth certificate, marriage license, divorce decree, or court order).

Change my mailing address to

Street/PO Box _____

City _____ State _____ ZIP _____

Note: Address will be edited to conform with USPS standards.

Change Employer on my 457 DC account to my Current Employer listed above.

REQUIRED SIGNATURE

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

_____ Date _____

<i>WRS Office Use Only</i>		
WRS _____		Date Received
457 _____		