



# INFORMATION CHANGE REQUEST

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

WRS-3 Info Change (Revised 8/2022)

Information will be changed on all WRS Retirement Accounts AND the WRS 457 Deferred Comp Account unless indicated otherwise.

- WRS RAIN Only
- 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 \_\_\_\_\_

### WRS Office Use Only

WRS _____		Date Received
457 _____		