



INFORMATION CHANGE REQUEST

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

MB-4 Info Change (Updated 03/2023)

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 _____ 457 _____	Date Received _____
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