



INFORMATION CHANGE FORM

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

WRS-3 Info Change (Revised 8/2021)

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
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PARTICIPANT/MEMBER INFORMATION (as it currently appears on your account)		
SOCIAL SECURITY NUMBER (SSN)	RAIN ID	
LEGAL FIRST NAME	LEGAL LAST NAME	MIDDLE INITIAL
CURRENT EMPLOYER NAME		

NAME CHANGE		
Attach a copy of the court order, marriage certificate, divorce decree (that indicates you are taking your maiden or another name), or other legal verification of a name change signed by a judge.		
LAST NAME	FIRST NAME	MI

PERSONAL INFORMATION CORRECTION/CHANGE			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS	SEX
Attach copy of birth certificate _____ / _____ / _____ MONTH DAY YEAR	Attach copy of Social Security card and driver's license or photo identification. _____	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

ADDRESS/PHONE NUMBER CHANGE			
CURRENT ADDRESS – NUMBER AND STREET			
CITY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE	EMAIL ADDRESS	

REQUIRED SIGNATURE	
I affirm the information that I have provided on this form is true and correct.	
_____	Date _____

WRS Office Use Only		
WRS _____ 457 _____	Does 457 agency need updated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received