



Personal Information Change Request
Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, visit the website at www.wrsdcp.com or contact Service Provider at 1-800-701-8255.

Wyoming Retirement System 457 Deferred Compensation Plan State Government Employee 93001-01
Other Government Employee 93001-02

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.
U.S Social Security/U.S Taxpayer Identification Number (Must provide all 9 digits)
Last Name First Name M.I. Date of Birth
I have a retirement savings plan with a previous employer or an IRA. Yes or No

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 Change (Required for my signature to be notarized or witnessed in the section below.)
If I am still employed with the employer/company sponsoring this Plan, I must contact them to update my address.
Street Address City/State/Zip Code

Contact Information Change (Required for my signature to be notarized or witnessed in the section below.)
Home Phone Number Work Phone Number Email Address
Mobile Phone Number

Personal Information Change
Date of Birth (Attach a copy of Birth Certificate, Military ID, Passport or Driver's License)
Change of Status: Married Unmarried Gender: Female Male Nonbinary Unspecified

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)

