


**RETIREMENT
SYSTEM****INFORMATION CHANGE REQUEST**
WYOMING RETIREMENT SYSTEM PENSION PLAN

(Revised 06/25)

This form will only change information on your pension account.		Need to update your beneficiary on your 457 account? Forms can be found on our website https://retirement.wyo.gov/ .		
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		Last 4 digits Social Security Number (SSN)	
Current Employer Name				
PLEASE MARK ALL INFORMATION THAT NEEDS CHANGED OR CORRECTED				
<input type="checkbox"/> Change my email address to _____.				
<input type="checkbox"/> Change my SSN to _____ Attach a photocopy of your Social Security card.				
<input type="checkbox"/> Change my Date of Birth to ____/____/____ Attach a copy of Birth Certificate or a government issued ID containing your date of birth.				
<input type="checkbox"/> 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).				
<input type="checkbox"/> Change my mailing address to Street/PO Box _____ City _____ State _____ ZIP _____				
Note: Address will be edited to conform with USPS standards.				
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