RETIREMENT SYSTEM

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.

Account Extension

U.S Social Security/U.S Taxpayer Identification Number
(Must provide all 9 digits)

Last Name First Name M.I. Date of Birth

(The name provided MUST match the name on file with Service Provider.)

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)*

Last Name	First Name	M.I.	Social Security Number	93001-01/-02 Number

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent *(Please sign on the 'Participant Signature' line below.)*

I affirm that the information I have provided on this form is true and correct.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date *(Required)*** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Signature Notarization ***(Required if requesting an Address Change or Contact Information Change. May also be witnessed in the Authorized Plan Administrator Signature section below.)***

The date of your signature on this form above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. ***If your notary completes a separate jurat or notarial certificate, you must still sign on the above signature line and enter the date on this form.***

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant name. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

State of _____)

)ss.

County/Parish/Borough

of _____)

NOTE: Notary seal must be visible.

This request was subscribed and sworn *(or affirmed) to before me*

on this_____ day of _____, year _____, by

(name of participant) _____

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEAL

Notary Public's signature _____ My commission expires ____/____/_____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Notary Public's full name _____ Telephone number _____

Authorized Plan Administrator Signature ***(Required for Social Security Number changes or if witnessing Participant's signature for an Address Change or Contact Information Change.)*** *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I certify and accept that the information provided by the participant on this form is correct.

If the participant has requested an address change or contact information change and the participant's signature is not notarized, I have personal knowledge and hereby certify that this request was submitted and signed by the participant.

Authorized Plan Administrator Signature _____ **Date *(Required)*** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

D Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:	**OR**	**Sent Regular Mail to:**	**OR**	**Sent Express Mail to:**
Login to account at **www.wrsdcp.com** Click on Upload Documents to submit		Empower PO Box 173764 Denver, CO 80217-3764		Empower 8515 E. Orchard Road Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

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