

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

(Revised 04/25)

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	
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

- ☐ 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 or a government issued ID containing your date of birth.
- ☐ 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.**REQUIRED SIGNATURE**

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



Date _____

WRS Office Use OnlyWRS _____
457 _____

Date Received