

PERSONAL INFORMATION CHANGE REQUEST

Use blue or black pen to complete this form.



Commonwealth of Pennsylvania Deferred Compensation Program

98978-01

Participant Information – Provide name/Social Security number as it currently appears on your account.

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

Account Extension Number (if applicable)			
Account extension identifies funds that were transferred to you through a divorce or death.			

Name Change – Attach copy of marriage certificate, divorce decree or other legal documentation.

_____	_____	_____
Last Name	First Name	MI

Personal Information Correction/Change

Mo Day Year

____/____/____
Date of Birth

Married Unmarried Female Male

_____ Social Security Number

Attach copy of birth certificate.

Attach copy of Social Security card and driver's license or photo identification.

Address and Phone Number Change

_____ Address – Number & Street

_____	_____	_____
City	State	Zip Code

() _____ () _____
Home Phone Work Phone

_____ E-Mail Address

Required Signature

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

Participant Signature Date

Participant forward to Service Provider at:
Great-West Retirement ServicesSM
301 Chestnut St., Suite 402
Harrisburg, PA 17101
Phone#: 1-866-737-7457
Fax#: 1-717-901-3620
Web site: www.sers457.com

