



Personal Information Change Request 401(a) Plan

Use black or blue ink when completing this form. For questions regarding this form, visit the website at www.wvteachersdcp.com or contact Service Provider at 1-888-988-3224.

West Virginia Teachers' Defined Contribution Plan

98977-01

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 _____

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Social Security 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

() _____
Daytime Phone Number

() _____
Alternate Phone Number

_____ Email Address

Personal Information Change

Date of Birth _____ / _____ / _____ *(Attach a copy of Birth Certificate, Military ID, Passport or Driver's License)*

Change of Status: Married Unmarried

Female Male

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 _____

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. May also be witnessed in the Authorized Plan Administrator Signature section below.)*

For Residents of all states (except California), please have your notary complete the section below.
Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and my name. The notary forms not containing this information will be rejected and it will delay this request.
The date I sign this form in the 'Participant Consent' section above must match the date on which my signature is notarized below.

Statement of Notary	NOTE: Notary seal must be visible.
	This request was subscribed and sworn <i>(or affirmed)</i> to before me
State of _____)	on this _____ day of _____, year _____, by _____
)ss.	<i>(name of participant)</i> _____
County of _____)	proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEAL

Notary Public _____ 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.

Authorized Plan Administrator Signature *(Required for Social Security Number changes or if witnessing Participant's signature for an Address 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 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 Mailing Instructions

Participant forward this form to:

W. Va. TDC plan
Contribution Retirement System
4101 MacCorkle Avenue, SE
Charleston, WV 25304

After all signatures have been obtained, this form can be sent by

Fax to:
1-304-558-5455

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

Express Mail to:
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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