



# Personal Information Change Request

Use blue or black ink to complete this form.

## West Virginia Teachers' Defined Contribution Plan

98977-01

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

Last Name	First Name	MI	Social Security Number
			Account Extension (if applicable)

**Name Change - Attach copy of marriage certificate or divorce decree.**

Last Name	First Name	MI
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**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 Services®  
 PO Box 173764  
 Denver, CO 80217-3764  
**Express Address:**  
 8515 E. Orchard Road, Greenwood Village, CO 80111  
**Phone #:** 1-888-988-3224  
**Fax #:** 1-303-737-4355

