



# Personal Information Change Request 401(k) Plan

Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, contact Service Provider at 1-800-922-7772.

## State of Tennessee 457 and 401(k) Plans

98986

### 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 \_\_\_\_\_

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 and/or Contact Information Change

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Personal Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### Personal Information Change

Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Attach a copy of Birth Certificate)

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)

Investment balances and future allocation elections will not change as a result of this correction.

### C Signatures and Consent

#### Participant Consent

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) \_\_\_\_\_

#### Authorized Plan Administrator/Trustee Approval (Required for Social Security Number changes only)

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

Authorized Plan Administrator/Trustee Signature \_\_\_\_\_ Date (Required) \_\_\_\_\_

### D Mailing Instructions

Participant forward to Employer  
Employer forward to Service Provider

Great-West Retirement Services®  
Regular Mail:  
PO Box 173764  
Denver, CO 80217-3764

Phone: 1-800-922-7772  
Fax: 1-866-745-5766  
Website: www.treasury.tn.gov/dc

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

Great-West Financial<sup>SM</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FAScore, LLC (FAScore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FAScore, LLC.

