



# Personal Information Change Request

Use blue or black ink to complete this form.

**CCOERA 457 Plan**

**98721-02**

**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 a copy of marriage certificate, divorce decree, driver's license, SSN card or other legal documentation.**

Last Name	First Name	MI
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**Personal Information Correction/Change**

Mo	Day	Year	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	
Date of Birth			<input type="checkbox"/> Female	<input type="checkbox"/> 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		

## Signature and Consent

Participant Consent

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 #:** 1-800-352-0313  
**Fax #:** 1-866-745-5766

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