



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 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 _____ Date of Birth	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <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 #: 1-888-988-3224
Fax #: 1-866-745-5766

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