Personal Information Change Request

Use blue or black ink to complete this form.

City of Riverside Employee's Deferred Compensation Plan 98246-01

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

❑ **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(s) and Date

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 #: 1-800-701-8255
Fax #: 1-866-745-5766

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