

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	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	_____
_____	_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Social Security Number
Date of Birth					Attach copy of Social Security card and driver's license or photo identification.

Attach copy of birth certificate.

Address and Phone Number Change

Address - Number & Street		
_____	_____	_____
City	State	Zip Code
(_____)	(_____)	
Home Phone	Work Phone	

E-Mail Address		

Your Consent and 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 #: 1-800-701-8255
Fax #: 1-866-745-5766

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