

WYOMING RETIREMENT SYSTEM PENSION PLAN and WYOMING RETIREMENT SYSTEM 457 DEFERRED COMP PLAN

Personal Information Change Request

Please use blue or black ink to complete this form.

◆ **Beneficiary Change Forms** may be obtained from the websites listed at the bottom of the page.

Participant/Member Information - Provide name and 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 copy of marriage certificate, divorce decree, 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	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Date of Birth							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 and Street		
City	State	Zip Code
() Home Phone	() Work Phone	
E-mail Address		

Required Signature

I affirm the information that I have provided on this form is true and correct.

 X _____ Date _____
Participant/Member Signature

➤➤ Information will be changed on all WRS Retirement Accounts AND the WRS 457 Deferred Comp Account unless indicated otherwise.

- WRS Retirement Account # _____ Only
- WRS 457 Deferred Comp Account Only

Wyoming Retirement System
<http://retirement.state.wy.us>
 Phone: (307) 777-7691
 Fax: (307) 777-5995

WRS 457 Deferred Comp Plan
www.wrsdcp.com
 Phone: (307) 777-3325
 Fax: (307) 777-3621

WRS Office Use Only

WRS _____

457 _____

State Employee 93001- 01

Other Employee 93001- 02

Verified: _____