Personal Information Change Request

Use blue or black ink to complete this form.

State of Tennessee 457 and 401(k) Plans 98986

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

❑ 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

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®
545 Mainstream Drive, Suite 407
Nashville, TN 37228
Phone #: 1-800-922-7772
Web site: www.tn.gov/treasury/dc

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