



# Personal Information Change Request

Use blue or black ink to complete this form.

## Massachusetts Deferred Compensation SMART Plan

98966-01

**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 _____ Date of Birth	Day _____	Year _____	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	_____ Social Security Number
			<input type="checkbox"/> Female	<input type="checkbox"/> Male	

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
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( \_\_\_\_\_ ) \_\_\_\_\_  
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 #:** 1-877-457-1900  
**Fax #:** 1-866-745-5766

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