



Personal Information Change Request

Use blue or black ink to complete this form.

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

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	Day	Year	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	
Date of Birth			<input type="checkbox"/> Female	<input type="checkbox"/> 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
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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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