



Personal Information Change Request 401(k) Plan

Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, contact Service Provider at 1-800-922-7772.

State of Tennessee 457 and 401(k) Plans		98986
A	Participant Information (Provide Name, Social Security Number and Date of Birth as it currently appears on the account)	
	Social Security Number _____	Account Extension _____
	<i>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</i>	
	Last Name _____	First Name _____ M.I. _____ Date of Birth _____ / ____ / ____
I have a retirement savings plan with a previous employer or an IRA. <input type="checkbox"/> Yes or <input type="checkbox"/> No		
B	Name Change (Attach a copy of birth certificate, divorce decree, marriage certificate or court order)	
	Last Name _____	First Name _____ M.I. _____
	Address and/or Contact Information Change	
Street Address _____		
City _____ State _____ Zip Code _____		
Personal Phone Number _____ Work Phone Number _____ Email Address _____		
Personal Information Change		
Date of Birth _____ / ____ / ____ (Attach a copy of Birth Certificate)		
Change of Status		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
Social Security Number Change (If I am still employed, I must obtain approval from my Employer)		
Social Security Number _____ (Attach a signed copy of Social Security Card)		
Investment balances and future allocation elections will not change as a result of this correction.		
C	Signatures and Consent	
	Participant Consent	
	I affirm that the information I have provided on this form is true and correct.	
	Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.	
Participant Signature _____		Date (Required) _____
Authorized Plan Administrator/Trustee Approval (Required for Social Security Number changes only)		
I certify and accept that the information provided by the participant on this form is correct.		
Authorized Plan Administrator/Trustee Signature _____		Date (Required) _____
D	Mailing Instructions	
	Participant forward to Employer Employer forward to Service Provider Great-West Retirement Services® Regular Mail: PO Box 173764, Denver, CO 80217-3764 Phone: 1-800-922-7772 Fax: 1-866-745-5766 Website: www.tn.gov/treasury/dc Express Mail: 8515 E. Orchard Road, Greenwood Village, CO 80111	

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