



# Personal Information Change Request 401(a) Plan

Use black or blue ink when completing this form. For questions regarding this form, visit the website at [www.wvteachersdcp.com](http://www.wvteachersdcp.com) or contact Service Provider at 1-888-988-3224.

## West Virginia Teachers' Defined Contribution Plan

98977-01

### A Participant Information *(Provide Name, Social Security Number and Date of Birth as it currently appears on the account)*

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Social Security Number *(Must provide all 9 digits)*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I have a retirement savings plan with a previous employer or an IRA.  Yes or  No

### B Name Change *(Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order)*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

### Address Change *(Required for my signature to be notarized or witnessed in the section below.)*

- If I am still employed with the employer/company sponsoring this Plan, I must contact them to update my address.

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

### Contact Information Change

( ) \_\_\_\_\_  
Daytime Phone Number

( ) \_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Email Address

### Personal Information Change

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ *(Attach a copy of Birth Certificate, Military ID, Passport or Driver's License)*

Change of Status:  Married  Unmarried

Female  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)*

