

## 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 or contact Service Provider at 1-888-988-3224.

We	st Virginia Teachers' Defined Contribution Plan 98977-01						
Α	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 M.I. Date of Birth						
	I have a retirement savings plan with a previous employer or an IRA. 🛛 🛛 Yes or 🗔 No						
В	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.)						
	<ul> <li>If I am still employed with the employer/company sponsoring this Plan, I must contact them to update my address.</li> </ul>						
	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:  A 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)						

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	Last Name	First Name	M.I.	Social Security	Number	Number		
C Signatures and Consent (Signatures must be on the lines provided.)								
	Participant Consent (Please sign on	articipant Consent (Please sign on the 'Participant Signature' line below.)						
	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) A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant de								
	gnature Notarization (Required if requesting an Address Change. May also be witnessed in the Authorized Plan Administrator Signature section low.)							
	For Residents of all states (except C	Residents of all states (except California), please have your notary complete the section below.						
Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary form: the title of the form, the plan name, the plan number, the document date, and my name. The notary forms not contain will be rejected and it will delay this request. The date I sign this form in the 'Participant Consent' section above must match the date on which my signature is not								
		, TE: Notary seal must be vi			, ,			
	•	s request was subscribed ar		rmed) to before me	e			
		thisday of				SEAL		
	)SS. (na	me of participant)				JEAL		
		ved to me on the basis of sa o appeared before me.	tisfactory evide	nce to be the perso	on			
	Notary Public My commission expires/ / A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.							
	uthorized Plan Administrator Signature (Required for Social Security Number changes or if witnessing Participant's signature for an Address hange.) (Please sign on the 'Authorized Plan Administrator Signature' line below.)							
	I certify and accept that the information	on provided by the participant on this form is correct.						
If the participant has requested an address change and the participant's signature is not notarized, I have personal knowled hereby certify that this request was submitted and signed by the participant.								
	Authorized Plan Administrator Signature Date (Required)							
	A handwritten signature is required				•	,		
			-	·				
	Print Full Name				-			
D	Mailing Instructions							
	Participant forward this form to:							
	W. Va. TDC Plan Contribution Retirement System 601 57th Street SE, Suite 5 Charleston, WV 25304 After all signatures have been obtai	ned, this form can be sent	by					
	_	OR Regular Mail to: Empower Retirem PO Box 173764 Denver, CO 8021	nent	OR	Express Mail to: Empower Retirem 8515 E. Orchard F Greenwood Villag	Road		
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