



# 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 _____ Date of Birth	Day _____ Date of Birth	Year _____ Date of Birth	<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

### Signature and Consent

Participant Consent

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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