



Personal Information Change Request
Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-866-816-4400.

County of Union Deferred Compensation Plan

743254-01

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

U.S Social Security/U.S Taxpayer Identification Number (Must provide all 9 digits)

Last Name First Name M.I. Date of Birth

(The name provided MUST match the name on file with Service Provider.)

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

I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # ... to review my options and assist me with the process. The best time to call is ... to ... A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). *Rollovers are subject to my Plan's provisions.

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 Gender: Female Male Nonbinary Unspecified

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)

