



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 OCERP457.com or contact Service Provider at 1-800-284-0444.

Ohio County Employees Retirement Plan

340001-01

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 CCAO.* 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 6 a.m. to 8 p.m. Mountain 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 *(Required for my signature to be notarized or witnessed in the section below.)*

() _____ () _____ _____
Home Phone Number Work Phone Number Email Address

() _____
Mobile Phone Number

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)*

