

# PERSONAL INFORMATION CHANGE REQUEST

Use blue or black pen to complete this form.

## Kern County Deferred Compensation Plan

98424-01

**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 copy of marriage certificate or divorce decree.**

_____	_____	_____
Last Name	First Name	MI

**Personal Information Correction/Change**

Mo Day Year

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Date of Birth

Married  Unmarried  Female  Male

\_\_\_\_\_ Social Security Number

**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

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_ E-Mail Address

### Required Signature

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:  
Kern County  
1115 Truxton Ave, 2nd Floor  
Bakersfield, CA 93301-4639  
**Phone#:** 1-800-701-8255  
**Fax#:** 1-661-868-3409  
**Web site:** www.gwrs.com

