



Personal Information Change Request

(Use only if you are no longer employed. In addition, you may want to provide this information to your former employer.)

Use blue or black ink to complete this form.

International Union of Operating Engineers Local No. 132 Annuity and Savings Fund

457847-01

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, divorce decree, driver's license or Social Security card.

_____	_____	_____
Last Name	First Name	MI

Personal Information Correction/Change

Mo	Day	Year	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Female	<input type="checkbox"/> Male	_____
Date of Birth							Social Security Number

Attach copy of birth certificate.

Attach copy of Social Security card.

Address and Phone Number Change

Address - Number & Street		
_____	_____	_____
City	State	Zip Code
() _____	_____	
Daytime 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 Center at:
 Retirement Service Center
 PO Box 173764
 Denver, CO 80217-3764
Express Address:
 8515 E. Orchard Road, Greenwood Village, CO 80111
Phone: 1-877-715-4015
Fax: 1-866-745-5766
Web site: frps.retirementpartner.com

