



Personal Information Change Request
401(a) Plan

Use black or blue ink when completing this form. Only participants who have terminated employment with this employer may use this form. If I am still employed, I need to contact my Employer to make changes to my account. For questions regarding this form, visit the Web site at www.empower-retirement.com/participant or contact Service Provider at 1-800-338-4015.

International Union of Operating Engineers Local No. 132 Annuity and Savings Fund 457847-01

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.
Social Security Number (Must provide all 9 digits)
Last Name First Name M.I. Date of Birth
I have a retirement savings plan with a previous employer or an IRA. Yes or No

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 and/or Contact Information Change
Street Address City/State/Zip Code
Daytime Phone Number Alternate Phone Number Email Address
Personal Information Change
Date of Birth (Attach a copy of Birth Certificate)
Change of Status: Married Unmarried Female Male
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)

C Signatures and Consent (Signatures must be on the lines provided.)
Participant Consent (Please sign on the 'Participant Signature' line below.)
I affirm that the information I have provided on this form is true and correct.
Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.
Participant Signature Date (Required)
A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.
Authorized Plan Administrator Signature (Required for Social Security Number changes only)
(Please sign on the 'Authorized Plan Administrator Signature' line below.)
I certify and accept that the information provided by the participant on this form is correct.
Authorized Plan Administrator Signature Date (Required)
Print Full Name

Last Name

First Name

M.I.

Social Security Number

Number

D	Mailing Instructions		
After all signatures have been obtained, this form can be sent by			
Fax to: 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR
			Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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