



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.
N/A
Account Extension 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)
A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.
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.**

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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