



7500 - OBRA

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 www.mass-smart.com or contact Service Provider at 1-877-457-1900.

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

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 _____

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 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

() _____ () _____ Email Address _____
Daytime Phone Number Alternate 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 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)

