



# Personal Information Change Request

Use blue or black ink 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 a copy of marriage certificate, divorce decree, driver's license, SSN card or other legal documentation.

Last Name	First Name	MI
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Personal Information Correction/Change

Mo	Day	Year	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	
Date of Birth			<input type="checkbox"/> Female	<input type="checkbox"/> 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(s) and Date

Participant Consent

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.kern457.com

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