



**VRS Defined Contribution Plans  
Commonwealth of Virginia 457 Deferred Compensation Plan and Cash Match Plan  
PARTICIPANT CHANGE FORM  
INACTIVE WAGE/PART-TIME EMPLOYEES**

Use this form if you have terminated employment from an employer providing this plan and you are **not** a VRS deferred member or retiree.  
**NOTE: This form is to be used by inactive wage/part-time employees only.** If you are currently employed by an employer participating in the VRS Defined Contribution Plans, please submit your change(s) to your employer. If you are a VRS deferred member or retiree, please update your information at [dcp.varetire.org](http://dcp.varetire.org).

**PARTICIPANT INFORMATION** (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(last 4 digits only)

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE ID NUMBER: \_\_\_\_\_

**NAME CHANGE INFORMATION**

NEW NAME: \_\_\_\_\_

PREVIOUS NAME: \_\_\_\_\_

**PERSONAL INFORMATION CORRECTION/CHANGE**

<b>Gender</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>SOCIAL SECURITY NUMBER</b>
<input type="checkbox"/> Female <input type="checkbox"/> Male	____/____/____	____ - ____ - ____

**NEW ADDRESS**

NEW ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PLEASE NOTE: SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS REQUEST.**  
 For name changes, a copy of your marriage certificate, divorce decree, driver's license or other legal documentation.  
 For Date of Birth, a copy of your birth certificate.  
 For Social Security Number, a copy of driver's license or passport.

**AUTHORIZATION** (signature required)

*I certify that the information I furnished herein is true, accurate and complete. I affirm I am no longer an active employee of an employer participating in the Virginia Retirement System and I am not a VRS deferred member or retiree.*

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit your completed form with supporting documentation to:**

<b>VIA FAX:</b> Voya Financial Attn: VRS Defined Contribution Plans 1-844-833-4545	<b>VIA MAIL:</b> Voya Financial Attn: VRS Defined Contribution Plans P.O. Box 389 Hartford, CT 06141	<b>VIA OVERNIGHT DELIVERY:</b> Voya Financial Attn: VRS Defined Contribution Plans One Orange Way Windsor, CT 06095
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**If you have any questions or need to obtain additional plan or account information, please go online at [dcp.varetire.org](http://dcp.varetire.org) or call VRS Defined Contribution Plans Service Center at 1-877-327-5261 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 9:00 P.M. Eastern Time (excluding stock market holidays).**