



Personal Information Change Request

Use black or blue ink when completing this form. For questions regarding this form, visit the website at www.soonersave.com or contact Service Provider at 1-877-538-3457.

SOONERSAVE DEFERRED COMPENSATION PLAN 457 98988-01 457

SOONERSAVE SAVINGS INCENTIVE PLAN 401(a) 98988-02 401(a)

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

U.S Social Security/U.S Taxpayer Identification Number (Must provide all 9 digits)

Last Name First Name M.I. Date of Birth

(The name provided MUST match the name on file with Service Provider.)

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.)

Street Address City/State/Zip Code

Contact Information Change

Daytime Phone Number Alternate Phone Number Email Address

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

Social Security Number (Attach a signed copy of Social Security Card)

