



Nevada Deferred Compensation

State of Nevada

NAME AND ADDRESS CHANGE FORM

Select Plan(s):

- ☐ State of Nevada Deferred Compensation Plan - 625031
☒ State of Nevada DCP Political Subdivision 625032
☐ State of Nevada DCP NSHE - 625033
☐ Nevada Public Employees' FICA Alternative Deferred Compensation Plan - 625030

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

NAME: _____ SOCIAL SECURITY NUMBER: _____
FORMER ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DAY PHONE: _____ EVENING PHONE: _____
E-MAIL: _____ DATE OF BIRTH: ____/____/____

NEW ADDRESS/PHONE NUMBER INFORMATION

NEW ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP CODE: _____
NEW DAY PHONE: _____ NEW EVENING PHONE: _____

NAME CHANGE INFORMATION

NEW NAME: _____
PREVIOUS NAME: _____

AUTHORIZATION (signatures required)

I certify that the information I furnished herein is true, accurate and complete.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PLEASE NOTE: Supporting documentation must accompany this request. For address changes, please provide a current utility bill with new address. For name changes, a copy of your marriage certificate, divorce decree, driver's license or other legal documentation.

Please submit your completed form with supporting documentation to:

VIA FAX:

Voya Financial
Attn: State of Nevada
Plan Administration
1-844-496-0339

VIA MAIL:

Voya Financial
Attn: State of Nevada
Plan Administration
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY:

Voya Financial
Attn: State of Nevada
Plan Administration
One Orange Way
Windsor, CT 06095

If you have any questions or need to obtain additional plan or account information, please go online at <https://nevada.beready2retire.com> or call the State of Nevada Plan Service Center at 1-855-467-3868 (855-GORETNV) (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 5:00 A.M. to 6:00 P.M. Pacific Time (excluding stock market holidays).