

COUNTY OF HENRICO
Human Resources Department
ING – 457 Deferred Compensation
EMPLOYEE INFORMATION CHANGE FORM

Use this form to make **address, name, beneficiary and marital status changes** to your existing Henrico County Plan Sponsored ING 457 Deferred Compensation account.

For investment allocation changes and fund transfers, contact the ING Representative at (804) 673-1746 for an Allocation Change Form or to change allocations and perform fund transfers by phone, call 1-800-525-4225.

Employee Name: _____ SSN: _____

Name Change (Note: For name changes, you must attach a copy of a legal document such as a copy of driver's license, etc.)

Full New Name of Participant

 Last First MI

Address Change:

Street _____ City/State _____ Zip _____
 Home Phone _____ Work Phone _____

Employer use only:

Address noted above is currently on file with Henrico County:

Henrico Human Resources Benefits Manager

Marital Status Change (Note: For changes in marital status, you must attach a copy of a legal document such as marriage license or divorce decree.)

New Marital Status: Married Single

Beneficiary Change

PRIMARY	% of Benefit	CONTINGENT	% of Benefit
_____		_____	
_____		_____	
_____		_____	