



## Address/Name Change

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931

1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

1. Information About You	
Your name (first, middle, last)	Birth date (MM/DD/YYYY)
Your SSN or ETF ID	(For Beneficiaries only: original participant's SSN or ETF ID)

2. Address (You can also change your address by calling 1-877-533-5020 or send a secure email by going to the "Contact Us" section at etf.wi.gov.)	
Current or new mailing address (street address including apartment or P.O. Box)	
(City, State, ZIP code)	(Foreign country, if applicable)
<input type="checkbox"/> Check here if this is an address change and provide your previous address below.	<input type="checkbox"/> Effective immediately <input type="checkbox"/> Effective on: ___/___/___
Previous mailing address (street address including apartment or P.O. Box)	
(City, State, ZIP code)	(Foreign country, if applicable)

3. Name Change (Leave this section blank if not applicable.)	
Change name from (first, middle, last)	
Change name to (first, middle, last)	

4. Contact Information	
Primary phone number ( )	Alternate phone number ( )
Email address	

5. Authorization By signing, you authorize ETF to update your account with the information provided above.	
Your signature (required)	Today's date (MM/DD/YYYY)

Mail or fax the completed form to ETF.

