



## Address/Name/Sex Update

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

### To submit this form:

- **If you are currently working for a Wisconsin Retirement System employer (you are an active employee):** Do not submit to ETF as your employer must update your records. This form will not be accepted for active employees.
- **Retirees, inactive members, other benefit recipients:** Submit to ETF by mail, fax, or drop off.

Sign at the bottom of the page(s); unsigned forms will be rejected. If you are a representative signing on behalf of the member, the Department of Employee Trust Funds must have a copy of your approved power of attorney on file. ETF will not accept this form from any unauthorized third party.

1. Information About You			
Your current 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 update your address by sending a secure email by going to the "Contact Us" section at etf.wi.gov.) Missing address information could result in undeliverable mail.			
Current mailing address (street address or P.O. Box)			Apt/Unit
(City, State, ZIP code)			(Foreign country, if applicable)
<input type="checkbox"/> Check here if this is an address update and provide your former address below.			
Former mailing address (street address or P.O. Box)			Apt/Unit
(City, State, ZIP code)			(Foreign country, if applicable)
3. Name Update (Leave this section blank if not applicable.)			
Current name (first)	(middle)	(last)	
Former name in ETF records (first)	(middle)	(last)	
4. Update Your Sex in ETF's Records (Leave this section blank if not applicable.)			
No other documentation is necessary. ETF systems are currently unable to process other sex values.			
Change Sex to: <input type="checkbox"/> Male <input type="checkbox"/> Female			
5. Contact Information <input type="checkbox"/> Check here for ETF to remove the current phone number(s) on file.			
Primary phone number, including area code		Secondary phone number, including area code	
Email address			
6. Authorization By signing, you authorize ETF to update your account with the information provided above.			
Your signature / authorized third party (required)			Today's date (MM/DD/YYYY)



## Update Your Insured Dependent's Name and/or Sex

Do not use this form to update or change your beneficiaries. You must submit a new *Beneficiary Designation* (ET-2320) form.

1. Information About Your Insured Dependent			
Dependent's current name (first)	(middle)	(last)	Dependent's birth date (MM/DD/YYYY)
Dependent's SSN or ETF ID			
2. Name Update (Leave this section blank if not applicable.)			
Dependent's current name (first)	(middle)	(last)	
Dependent's former name in ETF records (first)	(middle)	(last)	
3. Update Your Insured Dependent's Sex in ETF's Records (Leave this section blank if not applicable.) No other documentation is necessary. ETF systems are currently unable to process other sex values.			
Update Your Sex to: <input type="checkbox"/> Male <input type="checkbox"/> Female			
4. Authorization By signing, you authorize ETF to update the information provided above.			
Your signature / authorized third party ( <b>required</b> )			Today's date (MM/DD/YYYY)

Submit to ETF by mail, fax, or drop off.

The information requested on this form is authorized for collection by §40.03(2)(h) and will be used by ETF for the sole purpose of processing the request. Your providing of personally identifiable information, such as a Social Security number (SSN), is discretionary. Not providing all information requested on this form may result in a processing delay.