



### Beneficiary Change Form

**1. Participant Information**

Name \_\_\_\_\_

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Social Security Number

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status:

Single

Married

**2. Employer Information**

Plan Name \_\_\_\_\_

**3. Primary Beneficiary:** I understand that if I am married, my spouse shall automatically be my designated beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following as primary beneficiary of my account under the plan payable by reason of my death.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Percentage: \_\_\_\_\_

Percentage: \_\_\_\_\_

**4. Contingent Beneficiary:** In the event there is no living primary beneficiary at my death, I hereby designate the following as contingent beneficiary of my account:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Percentage: \_\_\_\_\_

Percentage: \_\_\_\_\_

When more than one beneficiary is designated, and the percentage is not specified, payment will be made in equal shares to each surviving beneficiary, or all to the last surviving beneficiary.

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**5. Participant Signature**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**\*\*\*Spousal signature is required and must be notarized if spouse is not named as the Primary Beneficiary.\*\*\***

Notary Public:

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature County State

\_\_\_\_\_  
Notary Stamp and Seal (Required)

If your Primary Beneficiary changes due to divorce or death, please attach a copy of the divorce decree or death certificate.