

Participant Information and/or Beneficiary Designation Change Form



Instructions:

Participant completes section 1-4 and returns to the Human Resources Department.

SECTION 1 - GENERAL INFORMATION

I am electing to change the following: Personal Information Beneficiary Designation(s)

Plan Name		Current Date
Participant Name (Last Name, First Name)		Social Security Number
Participant Address (Number, Street, Apt.)		Date of Birth
(City, State, Zip Code)	Phone Number	Date of Hire

SECTION 2 - BENEFICIARY DESIGNATION / CHANGE(S)

Married I understand that I must elect my spouse as my beneficiary unless he or she agrees to signing the waiver of rights in Section 4.

Unmarried I understand that the designations made below become null and void in the event of my marriage and that I will notify my Plan Administrator or Trustee of the plan in the event of change in my marital status.

Primary Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

Contingent Beneficiary

Name (Last Name, First Name, Middle Initial)	Social Security Number	Date of Birth	Share %
Address (Number, Street, Suite, City, State, Zip)		Relationship to Participant	

SECTION 3 - PARTICIPANT SIGNATURE

I understand that the death benefit must be paid to my surviving spouse, unless my spouse consents in writing to an alternative beneficiary. I understand that this beneficiary change will override any previous election made under this plan. I understand that I must immediately inform the Plan Administrator of any change in marital status. If unmarried at the time of this election, I understand that if I do marry, this designation will be revoked and I will need to update my beneficiary information.

I understand that if I outlive my Beneficiary(ies), benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies).

For additional space, please attach a separate page providing all designation information and the percentage share for each.

Signature of Participant

Date

SECTION 4 - SPOUSAL CONSENT

I, _____, spouse of the Participant, hereby consent to the designation by my spouse of the Primary Beneficiary(ies) and Contingent Beneficiary(ies) named above, to receive any benefit that becomes payable by reason of the death of my Spouse. I also consent to the payment of death benefits to such Beneficiary(ies) in any form provided by the plan.

Signature of Spouse

Date

Must be witnessed in the presence of:

Notary Public or Plan Administrator/Trustee

Date