

**PARTICIPANT BENEFICIARY CHANGE FORM**

**NAME OF PLAN (please print)**

\_\_\_\_\_

**PARTICIPANT INFORMATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Hire Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Officer [ ] Yes [ ] No

Social Security Number \_\_\_\_\_

Married [ ] Yes [ ] No

Spouse's Name \_\_\_\_\_

Spouse's  
Date of Birth \_\_\_\_\_

**BENEFICIARY DESIGNATION**

*I would like to change my Beneficiary Designation as previously submitted.*

[ ] I am married and understand that my spouse will be my beneficiary. With my spouse's notarized consent we may designate an alternate beneficiary. (To do so, request a Spouse's Waiver Form.) Please complete PRIMARY BENEFICIARY INFORMATION. If my spouse predeceases me, I designate the following beneficiary(ies) as listed below. Please complete the CONTINGENT BENEFICIARY INFORMATION.

**PRIMARY BENEFICIARY INFORMATION**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

**CONTINGENT BENEFICIARY INFORMATION**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

[ ] I am not married. I understand that upon my marriage my spouse will become my beneficiary and I must notify my employer of any change in my marital status. I designate the following beneficiary(ies):

**PRIMARY BENEFICIARY INFORMATION**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**BENEFICIARY/SURVIVOR BENEFITS - SPOUSAL WAIVER**

**PRE-RETIREMENT SURVIVOR BENEFITS**

If you are married and die prior to receiving retirement benefits, the entire value of your account will be paid to your spouse. Your spouse may consent to naming another beneficiary and waive her/his right to the pre-retirement survivor benefits.

\_\_\_\_\_  
Alternate (non-spouse) Beneficiary

**SPOUSE'S CONSENT & WAIVER**

I hereby consent to the naming of the alternate (non-spouse) beneficiary written above and waive my right to receive any survivor's benefits. I understand that the above beneficiary designation will remain in force unless changed by my spouse.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**WITNESS (NOTARY PUBLIC or PLAN TRUSTEE)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARTICIPANT**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date