BENEFICIARY / ADDRESS / STATUS CHANGE FORM

Plan Name or Employer Name		
Check Applicable Box: ☐ Name Change ☐ Beneficiary Change ☐ Address Change ☐ Other _____		
Participant Name	Participant SS#	Date of Birth
Address	Home/Cell Phone	Date of Hire
City, State Zip	Email	

Initial Your Marital Status

_____I am married — If married, you must elect your spouse as the sole 100% primary beneficiary unless he/she completes and signs the Spousal Consent section below.

_____ I am not married — I hereby certify that I am not now married and I understand that if I should become married in the future my spouse would automatically become my Primary Beneficiary, unless he or she consents to another beneficiary.

PRIMARY BENEFICIARY(IES): (must equal **100%**)

	Name:	Share%	Relationship:	Address	Add Social Security Number if Available
1.					
2.					
3.					

CONTINGENT BENEFICIARY(IES): (must equal **100%**) In the event my primary beneficiary(ies) should predecease me, I hereby designate the following person(s) as contingent beneficiary(ies) of my accrued benefit under the Plan payable by reason of my death:

	Name:	Share%	Relationship:	Address	Add Social Security Number if Available
1.					
2.					
3.					
4.					

SPOUSAL CONSENT

(This Section MUST be completed if you are married and your spouse is not designated as your 100% Primary Beneficiary)

I am the legal spouse of the participant named above. I understand that the law requires my consent before my spouse can name someone other than myself to be the primary beneficiary of his/her benefits under the plan named. I consent to the beneficiary designation adopted by my spouse above. I understand that this eliminates all or a portion of the benefits otherwise payable to me from the plan if my spouse dies. I further understand that my spouse may not change the beneficiary designation without first obtaining my written consent.

Spouse (Name/Signature/Date): _____ _____ _____
Print Name Signature Date

Notary Public (Signature/Date/Stamp): _____

This consent is valid only if the spouse's signature is acknowledged before a notary public

If I am married and did not name my spouse as 100% Primary Beneficiary, I have completed the Spousal Consent Section. I understand that if I outlive my Primary Beneficiary, benefits will be paid to in accordance with the provisions of the plan unless I designate a Contingent Beneficiary(ies). This change in beneficiary revokes any prior beneficiary election(s) on record.

Participant Signature: _____ *Date:* _____

8/2015

Submit Completed Form to Your Employer / Plan Administrator