

Beneficiary Change Form

ACCOUNT INFORMATION

Participant's name _____

Last Name

First Name

MI

Participant's Social Security Number _____

CHANGE IN BENEFICIARIES

Indicate each beneficiary's name, relationship to you, and the percent of your account balance each is to receive in the event of your death.

If you are married and do not choose to name your spouse as the beneficiary of 100% of your account, your spouse must sign a Waiver Form and sign this Beneficiary Change Form as well.

Name	Relationship	Percent
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Authorization

Signature of Spouse

Date

Signature of Employee

Date