



PARTICIPANT CHANGE REQUEST FOR ERISA PLANS

SECTION A. Current Information

Company/Employer Name		Contract/Account No.	
Participant's Name (Last, First, Middle Initial)		Social Security No.	
Street Address		City	State ZIP Code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Date of Birth	Date of Hire Phone Number ()

Complete the appropriate section(s) of this form to change your account information. Your records will be updated upon receipt of the form, and a confirmation of the change(s) will be provided. The change(s) will apply to all accounts under this Contract.

SECTION B. Name Change

NEW Name (Last, First, Middle Initial)

SECTION C. Address Change

NEW Street Address

NEW City, State, ZIP Code

SECTION D. Beneficiary Change - will apply to all accounts under this Contract and, for current Participants, updates any prior beneficiary designation(s). You must designate a specific share for each Beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving Beneficiaries. **If named Beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.**

Primary Beneficiary(ies) - will receive benefits in the event of your death.

Beneficiary Name(s)	Social Security Number	Relationship	Share of Benefits

Contingent Beneficiary(ies) - will receive benefits if Primary Beneficiary(ies) is (are) not living at the time of your death.

Beneficiary Name(s)	Social Security Number	Relationship	Share of Benefits

Spousal Consent - complete only if you are naming a Primary Beneficiary other than your spouse for more than 50% of the pension benefit.

I consent to my spouse's waiver of my right to pre-retirement survivor annuity death benefit coverage. I fully understand that such consent means that I will not receive any portion of my spouse's pension benefit under the Plan in the event of my spouse's death prior to retirement (as defined under the Plan). Instead, I agree that the above named beneficiary(ies) will be designated and entitled to receive the death benefit payable under the Plan.

X

Spouse's Signature

Date

WITNESSED:

Plan Administrator or Notary Public

SECTION E. Signatures (ALL PARTICIPANTS MUST SIGN)

X

Participant's Signature

Date

I certify that this change is permissible under the terms of the Plan and that all necessary consents and waivers required by the Retirement Equity Act of 1984 have been obtained.

X

Plan Administrator's Signature

Date

Note For Married Participants: (applies only if you are naming a Primary Beneficiary other than your spouse for more than 50% of the pension benefit) I elect to waive the qualified pre-retirement survivor annuity coverage for my spouse, and instead elect to name the above beneficiary(ies) to receive any pension benefits payable under the Plan in the event of my death prior to retirement. I fully understand that such a waiver is not effective unless I obtain the signed, written and notarized consent of my spouse.