



PARTICIPANT CHANGE REQUEST FOR NON-ERISA PROGRAMS

Please Print or Type

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	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

SECTION E. Signature

X _____ Date

Participant's Signature