



RETIREE BENEFICIARY CHANGE FORM

*If more space is needed, please attach a separate piece of paper

Name: Last 4 of SSN:
Address: Phone Number:

Designate Beneficiary(ies) Below:

*If designating a trust, please write "trust" as the relationship and include a copy of the trust document along with this form.

Primary Beneficiary

I hereby designate the person(s) indicated below as my primary beneficiary(ies) to receive any amounts payable under the Plan at my death. Please note the percentage must be a whole number and if you have multiple beneficiaries, the percentages should add up to 100%.

Name	Date of Birth	SSN	Phone Number	Relationship	% of Acct.

Secondary Beneficiary

I hereby designate the person(s) indicated below as my primary beneficiary(ies) to receive any amounts payable under the Plan at my death. Please note the percentage must be a whole number and if you have multiple beneficiaries, the percentages should add up to 100%.

Name	Date of Birth	SSN	Phone Number	Relationship	% of Acct.

This designation revokes any other prior designation and will not become effective until received by the Plan Administrator.

Signature: _____ Date: