

CHANGE OF BENEFICIARY FORM



I designate the following person(s) below to receive payment of the value of my account upon my death. If no primary beneficiary(ies) survives me, I designate that the balance of my account be distributed to my contingent beneficiary(ies) below.

Name: _____ Per Stirpes* _____ % Share
 Social Security #: _____ Relationship: _____ Primary Contingent
 Address: _____ Date of Birth: _____
 City, State, Zip: _____ Phone Number: _____

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 City, State, Zip: _____ Phone Number: _____

PLEASE NOTE: If you designate more than one beneficiary or contingent beneficiary, the percentage allocations must add up to 100%

Special instructions: _____

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.

*A "per stirpes distribution of my estate in equal shares to my children Bob and Sue" means that if Bob dies before me, his children can share what would have been his share had he survived me.

PARTICIPANT SIGNATURE

DATE

NOTE: Spousal Content is required if the participant is a resident of a community property state and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse's Signature: _____ Date: _____

Witness of Notary: Subscribed and Sworn to me this ____ day of _____, 20__.

Notary Signature: _____ Commission Expiration Date: _____

RETURN FORM TO: Retirement Plan Consultants, LLC
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 Email: admin@retirementplanconsultants.net