

403(b) Beneficiary Designation/ Change Form



General Information (*Required Information)

Organization		
Participant*	Social Security Number*	
Date of Birth*		
Street Address		
City	State	Zip Code
Telephone		

Designation of Beneficiary(ies)

I hereby revoke any prior beneficiary designation made by me and designate the individuals named below as my Primary and Contingent Beneficiaries of this 403(b) Plan. If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary.

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If any Primary or Contingent Beneficiary does not survive me, such beneficiary's interest and the interest of such beneficiary's heirs shall terminate completely, and the share for any remaining Primary or Contingent Beneficiary shall be increased on a pro rata basis.

<input type="checkbox"/> Primary	Name	Social Security Number		
<input type="checkbox"/> Contingent	Date of Birth	Relationship	Share	%
Street Address				
City		State	Zip Code	
<input type="checkbox"/> Primary	Name	Social Security Number		
<input type="checkbox"/> Contingent	Date of Birth	Relationship	Share	%
Street Address				
City		State	Zip Code	
<input type="checkbox"/> Primary	Name	Social Security Number		
<input type="checkbox"/> Contingent	Date of Birth	Relationship	Share	%
Street Address				
City		State	Zip Code	
<input type="checkbox"/> Primary	Name	Social Security Number		
<input type="checkbox"/> Contingent	Date of Birth	Relationship	Share	%
Street Address				
City		State	Zip Code	

Participant's Signature

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Employer. If I named a Primary Beneficiary, which is a Trust, I understand I must complete the Trust Beneficiary Certification Form.

Participant Signature _____

Date _____

Consent of Spouse

I consent to the above Beneficiary Designation.

Spouse Signature _____

Date _____

NOTE: Consent of the Participant's spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's spouse.

Disclaimer for Community and Marital Property States: The Participant's spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's Beneficiary Designation or as to the ownership of the account after the death of the Participant's spouse. For additional information, please consult your legal advisor.

Acceptance

The Employer acknowledges and accepts receipt of this 403(b) Beneficiary Designation/Change Form.

Authorized Signature of Employer _____

Date Accepted _____