

BENEFICIARY FORM

PARTICIPANT *(Please Print)*

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Date of Birth _____ Daytime Phone _____

Address _____ City _____ State _____ Zip Code _____

Email _____

☐

Married

☐

Single/Divorced/Widowed

☐

Legally Separated

*I hereby designate the following as my beneficiary(ies). If more than one beneficiary is designated, payment will be made in the designated percentages. Payments to contingent beneficiary(ies) will only be made if no primary beneficiary survives me. The total percentage must equal 100%. If no designated percentage is indicated, benefits will be paid to each surviving beneficiary in equal shares. **NOTE:** If a Trust is designated as a beneficiary a copy of the trust must be submitted with this form.*

BENEFICIARY TYPE	COMPLETE NAME AND ADDRESS SOCIAL SECURITY NUMBER, DATE OF BIRTH EMAIL ADDRESS	RELATIONSHIP	PRIMARY BENEFICIARY PERCENTAGE	CONTINGENT BENEFICIARY PERCENTAGE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			

X

Participant Signature

Date