## EMPLOYEE INFORMATION CHANGE FORM



Use this form to make **name**, **marital status**, or **beneficiary changes** in your existing ICMA Retirement Corporation 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit-Sharing Plan accounts.

For address changes, investment allocation changes or fund transfers, use VantageLink (www.icmarc.org) or VantageLine (1-800-669-7400).

If you wish to make a change to your payroll deduction, please use the 457 Deferred Compensation Plan Amount of Deferral Change Form or the 401 Amount of Contribution Change Form, depending upon your retirement plan type.

If this request requires your employer's approval, submit the completed form for signature before forwarding it to ICMA-RC . (If you fax the form to ICMA-RC, please do not mail the original.)

1 Personal	Employer Plan Number Employer Plan Name						State
Information (All information in this section must be	Social Security Number						
completed.)	Full Name of Participant						
	Last			First			M.I.
2 Name Change	Make this change <i>ONLY</i> to the follow	ving plan(s):					
(Note: For name	Employer Plan Number:					State:	
changes, you must attach a copy of a	Employer Plan Number: Employer Plan Name:						State:
legal document (copy of driver's license, etc.) and have	Full New Name of Participant						
Employer approval.)	Last	First				M.I.	
3 Primary	Complete this section <b>ONLY</b> if you want to change or add a primary beneficiary. Otherwise, if you do not complete this section, your primary beneficiary information will be according to your previous designation.  The changes you indicate here will apply only to the plan account you indicated in section #1 above. If you have other ICMA-RC accounts with						
Beneficiary Change	other employers and you wish to make a	orimary beneficiar	ry change to t	hose accounts, pleas	se fill out o	one form for each emp	loyer account.
(Please read important beneficiary information on the back of this form before completing this section.)	The primary beneficiary information you indicate here will supercede previously submitted information and will be used by ICMA-RC to determine the primary beneficiaries entitled to all or a portion of your plan account.						
	Name of Primary Beneficiary(ies)					Social Security Number	% of benefit *
3conorny					I .		
		[	☐ Spouse ☐	] Other:	-		
				*N	/lust tota	l 100%. Use whole p	ercentages only
4 Contingent	Complete this section <b>ONLY</b> if you want to change or add a contingent beneficiary. Otherwise, if you do not complete this section, your contingent beneficiary information will be according to your previous designation.						
Beneficiary Change	The changes you indicate here will apply only to the plan account you indicated in section #1 above. If you have other ICMA-RC accounts with other employers and you wish to make a contingent beneficiary change to those accounts, please fill out one form for each employer account.						
(Please read important beneficiary information on the back of this form before completing this section.)	The contingent beneficiary information you indicate here will supercede previously submitted information and will be used by ICMA-RC to determine the contingent beneficiaries entitled to all or a portion of your plan account.						
	Name of Contingent Beneficiary(ies)	Date of Birth	R	elationship to you		Social Security Number	% of benefit *
			☐ Spouse ☐	<b>]</b> Other:			
		/	Spouse	Other:	-		
	*Must total 100%. Use whole percentages only.						
5							
อ Marital Status	Make this change <i>ONLY</i> to the following plan(s):						Ctata
Change - Please check one box.				Plan Name: State:			
	_	_	Single	rian Name.			State
6							
Authorizations	Participant Signature	Date		Employer Signature (if required)			Date
	Spousal Signature Date			All 401 plans with marital rights require the spouse as 100% primary beneficiary, unless your spouse waives this right by signing here.			



## **Important Beneficiary Information**

To ensure that any assets you have remaining in your account at your death are distributed according to your wishes, it is important that you provide as much information as possible about each of your beneficiaries. If we cannot locate your beneficiaries upon your death, your assets will be disbursed to your estate.

The IRS has certain rules governing disbursement of funds to beneficiaries. For example, some plans require that a spouse be named primary beneficiary unless he/she waives his/her rights. These rules are outlined in your employer's plan and in ICMA-RC's Participant and Beneficiary Withdrawal Packets. Please be sure to review this information thoroughly before designating beneficiaries on this form.

If you choose more than one beneficiary without indicating percentages, or if the percentages you allocate to your beneficiaries combined do not total 100%, we will allocate equal percentages totaling 100%.

## Primary Beneficiary(ies)

You may designate one or more persons to receive your assets upon your death. Be sure to use only whole percentages.

## Contingent Beneficiary(ies)

If none of your primary beneficiaries are living upon your death, your assets will be distributed to your contingent beneficiary(ies). You may specify one or several persons. Be sure to use only whole percentages.

If there is not enough space to add your beneficiaries, you may attach a separate sheet if necessary. Please check the appropriate box to indicate which type(s) of beneficiary you are changing, and write "see attached sheet" in the box(es) under "Name of Beneficiary".

**Note**: If a Social Security Number is not provided for beneficiaries, and/or ICMA-RC cannot locate the named beneficiaries, the account balance will be paid to your estate.