

403(b) Beneficiary Change

PARTICIPANT INFORMATION

Participant Full Name	Last 4 Digits of Social Security	Account Number	
Mailing Address	City	State	ZIP
Daytime Phone	Email		
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Not Married	

BENEFICIARY DESIGNATION

Please provide your beneficiary designation below. This overrides any previous designations. In the event of your death, the following primary beneficiary(s) will be paid the value of your account. The total must equal 100%. Please refer to the Participant Handbook for more information regarding death benefits. If you wish to name someone other than your spouse as primary beneficiary, the consent on page 3 must be signed by your spouse and notarized.

PRIMARY BENEFICIARY(S) *(Please list any additional beneficiaries on a separate sheet of paper and attach to this form.)*

If more than one beneficiary is named and no percentages are indicated, the beneficiaries will be deemed to own equal percentages of your account.

Beneficiary 1: Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP
Beneficiary 2: Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP
Beneficiary 3: Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP
Beneficiary 4: Full Name of Individual/Organization	Relationship	Distribution %	
Social Security Number/Tax ID Number	Date of Birth	Phone	
Address	City	State	ZIP

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CONTINGENT BENEFICIARY(S) *(Please list any additional beneficiaries on a separate sheet of paper and attach to this form.)*

If all named Primary Beneficiaries are deceased, the named contingent beneficiaries will receive the value of your account. The total percentage designated must equal 100%. If more than one beneficiary is named and no percentages are indicated, the beneficiaries will be deemed to own equal percentages of your account.

Beneficiary 1: Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP
Beneficiary 2: Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP
Beneficiary 3: Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP
Beneficiary 4: Full Name of Individual/Organization	Relationship	Distribution %
Social Security Number/Tax ID Number	Date of Birth	Phone
Address	City	State ZIP

PARTICIPANT SIGNATURE

I designate the persons or entities named above as my primary and/or contingent beneficiaries. I hereby revoke all prior beneficiary designations related to my 403(b) retirement account.

Participant Signature _____ Date _____

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SPOUSAL CONSENT *(If you wish to name someone other than your spouse as primary beneficiary, the consent below must be signed by your spouse and notarized.)*

I hereby consent to my spouse's designation of primary beneficiaries listed on page 1 for his/her 403(b) Retirement Account.

Spouse Signature

Date

NOTARY INFORMATION *(To be completed by notary public.)*

State of: _____ County of: _____

Personally appeared the above named person(s) and acknowledged the Certification before me this _____ day of _____, 20 _____.

Notary Signature

Date

My commission expires: _____

[NOTARY SEAL HERE]

SUBMITTING YOUR FORM

To submit your completed form with all required attachments, send a scanned PDF (or similar format) to investment@cepnet.com or mail/fax the document(s) to the address/fax number at the bottom of page 1.