iJOIN®

Use this form to indicate which beneficiaries you would like to elect toward your company's retirement plan.

Employee Name	Social Security No. **OR**	Company Employee ID No.
Client Company Name		Client Number

Primary Beneficiary (Up to three)

1. REQUIRED DETAILS

First Name	Last Name
Relationship	Allocation Percentage

1. EXTRA DETAILS

Social Security Number	Date of Birth	Phone Number
Address (Street, Suite, Apt.)		
City	State	Zip Code

2. REQUIRED DETAILS

First Name	Last Name

Relationship	Allocation Percentage

2. EXTRA DETAILS

Social Security Number	Date of Birth	Phone Number

Address (Street, Suite, Apt.)		

City	State	Zip Code

3. REQUIRED DETAILS

First Name	Last Name

Relationship	Allocation Percentage

3. EXTRA DETAILS

Social Security Number	Date of Birth	Phone Number

Address (Street, Suite, Apt.)		

City	State	Zip Code

Contingent Beneficiary (Up to three)

1. REQUIRED DETAILS

First Name	Last Name
Relationship	Allocation Percentage

1. EXTRA DETAILS

Social Security Number	Date of Birth	Phone Number
Address (Street, Suite, Apt.)		

City	State	Zip Code

2. REQUIRED DETAILS

First Name	Last Name
Relationship	Allocation Percentage

2. EXTRA DETAILS

Social Security Number	Date of Birth	Phone Number
Address (Street, Suite, Apt.)		

City	State	Zip Code

3. REQUIRED DETAILS

First Name	Last Name

Relationship	Allocation Percentage

3. EXTRA DETAILS

Social Security Number	Date of Birth	Phone Number

Address (Street, Suite, Apt.)		

City	State	Zip Code

SIGN AND DATE THE FORM

Employee Name (Printed)	Social Security No. **OR**	Company Employee ID No.

Employee Signature		Date Signed