



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

Employee Name				Social Se	ecurity No. O	R Company Employee ID No.	
Client Company Name						Client Number	
Primary Beneficiary (Up to three)							
1. REQUIRED DETAILS							
First Name	Last	st Name					
Relationship		Allocation Percentage					
1. EXTRA DETAILS							
Social Security Number Date of Birth				Phone Number			
Address (Street, Suite, Apt.)							
City		State	<u>)</u>			Zip Code	





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First Name			Last Name				
Relationship	Allocation Percentage			ercentage			
2. EXTRA DETAILS							
Social Security Number	Date of Birth	1	Phone Nu			mber	
Address (Street, Suite, Apt.)							
City	St	e			Zip Code		
3. REQUIRED DETAILS							
First Name			Last Name				
Relationship			Allocation Percentage			ercentage	
3. EXTRA DETAILS							
Social Security Number	Date of Birth	Phone		Phone Nu	ne Number		
Address (Street, Suite, Apt.)							
City	Star					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 Nu	mber		
Address (Street, Suite, Apt.)							
City	Stat				Zip Code		
2. REQUIRED DETAILS							
First Name			Last Name				
Relationship				Allocation Po	ercentage		
2. EXTRA DETAILS							
Social Security Number	Date of Bi	rth		Phone Nu	mber		
Address (Street, Suite, Apt.)	1			<u>'</u>			
City			e		Zip Code		



BENEFICIARY ELECTION FORM

3. REQUIRED DETAILS

First Name		Last Name		
Relationship		Allocation Percentage		
3. EXTRA DETAILS				
Social Security Number	Date of Birth		Phone Nu	mber
Address (Street, Suite, Apt.)				
City	State	е		Zip Code

SIGN AND DATE THE FORM

Employee Name (Printed)	Social Security No. OR	Company Employee ID No.
Employee Signature		Date Signed