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 Information

(All information in this section **must** be completed.)

Employer Plan Number _____ **Employer Plan Name** _____ **State** _____

Social Security Number

_____ - _____ - _____

Full Name of Participant

_____ _____ ___

Last First M.I.

2 Name Change

(Note: For name changes, you must attach a copy of a legal document (copy of driver's license, etc.) and have Employer approval.)

Make this change ***ONLY*** to the following plan(s):

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

Full New Name of Participant

_____ _____ ___

Last First M.I.

3 Primary Beneficiary Change

(Please read important beneficiary information on the back of this form before completing this section.)

Complete this section **ONLY** 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 other employers and you wish to make a primary beneficiary change to those accounts, please fill out one form for each employer account.

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)	Date of Birth	Relationship to you	Social Security Number	% of benefit *
	/ /	☐ Spouse ☐ Other: _____		
	/ /	☐ Spouse ☐ Other: _____		

*Must total 100%. Use whole percentages only.

4 Contingent Beneficiary Change

(Please read important beneficiary information on the back of this form before completing this section.)

Complete this section **ONLY** 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.

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.

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	Relationship to you	Social Security Number	% of benefit *
	/ /	☐ Spouse ☐ Other: _____		
	/ /	☐ Spouse ☐ Other: _____		

*Must total 100%. Use whole percentages only.

5 Marital Status Change - *Please check one box.*

Make this change ***ONLY*** to the following plan(s):

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

New Marital Status: ☐ Married ☐ Single

6 Authorizations

_____

Participant Signature **Date**

_____

Spousal Signature **Date**

_____

Employer Signature ***(if required)*** **Date**

All 401 plans with marital rights require the spouse as 100% primary beneficiary, unless your spouse waives this right by signing here.

Clear Form

ICMA-RC
Building Retirement Security

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.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES
If you are married and live in a Community Property state, you must generally name your spouse as your beneficiary, unless your spouse waives this right. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee’s failure to provide the certification required by this enrollment process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your designated beneficiary. If you choose to name a beneficiary that is not your spouse, you and your spouse will need to complete the Community Property Spousal Waiver form. Contact 1-800-669-7400 for more information and to request the waiver form.