

CHANGE OF BENEFICIARY FORM

(Please print or type)

PLAN NAME: _____

PARTICIPANT INFORMATION

Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

SS# _____ - _____ - _____ Telephone: (_____) _____ - _____

BENEFICIARY DESIGNATION

Primary Beneficiary: * _____

Date of Birth: _____ Relationship: _____ Social Security No: _____

Secondary Beneficiary: _____

Date of Birth: _____ Relationship: _____ Social Security No: _____

Date: _____

Participant Signature

Spouse's Consent to Waiver: I hereby consent to the designation made by my spouse to have pre-retirement death benefits paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand: (1) The effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein. (2) Such a beneficiary designation is not valid unless I consent to it. (3) My consent is irrevocable unless my spouse revokes the beneficiary designation.

Executed this _____ day of _____, 20_____

Signature of Spouse: _____

****If primary beneficiary is not your spouse, your spouse's signature is required***

Witness' Signature: _____

Witness must be a Notary Public and the signature must be notarized.

If additional space is required for additional non-primary beneficiaries please attach a second sheet.

Mail to: Benefit Consultants Group
P.O. Box 405
Riverton, NJ 08077-0405

Or Fax to: (856) 824-1890