

Beneficiary Information Change(s)

The beneficiary information on this form replaces the beneficiary information on file for the following account(s). Check one or all that apply. If no box is checked, we will update all 403(b) and IRA accounts.

☐ All 403(b) and IRA Accounts ☐ Traditional IRA Account ☐ Roth IRA Account ☐ 403(b) Account

1. Participant Information

Name _____
Last First Middle

Date of Birth _____

Address _____

Employer _____

City State ZIP

Social Security No. _____

E-Mail _____

Phone (_____) _____

Marital Status ☐ Single ☐ Married ☐ Widowed

2. Beneficiary Information (You can also log into yourMONEY and update your beneficiary designation.)

If you are married at the time of your death, your spouse may have enforceable claims on your account pursuant to Wisconsin's marital law. You may wish to consult your attorney on this matter. If no beneficiary is chosen, your account will be paid to your estate. Primary beneficiary percentage must equal 100% and contingent beneficiary percentage must equal 100%.

Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary

(List additional beneficiaries on a separate page—include your Social Security number, signature, and date on all additional pages.)

3. Signature and Date (Required for processing.)

Participant's Signature _____ Date _____