

# 3121 FICA Alternative Plan Address Change/Beneficiary Designation Form

FAX COMPLETED FORMS TO: 714.258.4262

**Note:** Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

## 1 Participant Information/Change Type

- Beneficiary Designation Change (Complete All Sections)       Address Change (Complete Sections 1 and 4 Only)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number (REQUIRED)/ Tax I.D. No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

School District Listed as Employer on this Account (REQUIRED) \_\_\_\_\_ Participant Email Address \_\_\_\_\_

## 2 Beneficiary Designation Information

- I am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.
- I am MARRIED and designate the following person(s) to receive death benefits from the Plan (**SPOUSAL CONSENT REQUIRED** – see below).
- I am NOT MARRIED and designate the following person(s) to receive any death benefits. I understand that if I marry this is designation becomes void one year after my marriage.

Spouse Name \_\_\_\_\_ Spouse SSN \_\_\_\_\_ Spouse Email \_\_\_\_\_

Primary Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_  
 Secondary Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Primary Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_  
 Secondary Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Primary Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_  
 Secondary Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

## 3 Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)

I consent to this designation, which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_ Notary Public \_\_\_\_\_ Date \_\_\_\_\_

## 4 Participant Approval

Participant Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_