



Beneficiary Designation Form

Participant Instructions

The Beneficiary Designation Form is to be used to establish or change the named beneficiary for your 403(b) Retirement Accounts. Please forward only the second page of the form to National Benefit Services for processing.

**Completed forms should be faxed to National Benefit Services at
1-800-597-8206**

**If you have questions or want to check the status of the form, please contact National Benefit Services at
1-800-274-0503 ext. 5.**

Beneficiary Designation Form



1 Participant Information

Participant Name

Participant Email Address

Participant Mailing Address, City, State, Zip Code

Employer Name

Employer State

Personal Phone Number

Work Phone Number

Date of Birth

Social Security Number

Financial Advisor/Agent Name

Financial Advisor/Agent Phone Number

2 Beneficiary Designation Information

Option 1 ☐ I am NOT MARRIED and designate the following person(s) to receive any death benefits.
I understand that if I marry, this designation becomes void one year after my marriage.

Name	SSN	Relationship	Address	%
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Option 2 ☐ I am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.

Spouse Name

Spouse SSN

Spouse Address

If my spouse is not living, pay death benefits to:

Name	SSN	Relationship	Address	%
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Option 3 ☐ I am MARRIED and designate the following person(s) to receive death benefits from the Plan
(Spousal consent required -- see below).

Name	SSN	Relationship	Address	%
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3 Spousal Consent (Required for Option 3)

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 or Plan Administrator

Date

4 Participant Approval

Participant Signature (Required)

Date

403-208 (03/2015)

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