

## 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last                      First                      Middle

Address \_\_\_\_\_ Employer \_\_\_\_\_  
City                      State                      ZIP

E-Mail \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Marital Status     Single     Married     Widowed

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

\* Primary beneficiary percentage must equal 100% and contingent beneficiary percentage must equal 100%.  
 \* If no beneficiary is chosen, your account will be paid to your estate.  
 \* If naming a Trust as beneficiary, you are required to include a copy of the Title page and the Signature page of the Trust with this form.  
 \* 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.

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 checked="" 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 \_\_\_\_\_