

## BENEFICIARY CHANGE

Please complete this Change of Beneficiary(ies) form by listing your new primary and contingent beneficiary designations, and signing and dating the form.

Return this form in the envelope provided or to : **Joint Retirement Board, One Penn Plaza, Suite 1515, New York, NY 10119**

<b>I. Applicant Information</b>				
_____				Home Phone: _____
_____	Cell Phone: _____			Work Phone: _____
_____ State: ____ Zip: _____				Email: _____

<b>II. Beneficiary Designations</b>				
Please print your beneficiaries and provide their relationship to you, their dates of birth and phone numbers. Make sure you indicate percentages for each beneficiary and that beneficiary types each total 100%.				
Your primary beneficiary(ies) will receive your plan assets upon your death. Your contingent beneficiary(ies) will receive your plan assets if your primary beneficiary predeceases you, passes in the same instance, or disclaims the inheritance.				
<b><u>Primary Beneficiary(ies)</u></b>				
<input type="checkbox"/> equal shares, <i>per stirpes</i>				
<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Phone Number</b>	<b>%</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b><u>Contingent Beneficiary(ies)</u></b>				
<input type="checkbox"/> equal shares, <i>per stirpes</i>				
<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Phone Number</b>	<b>%</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>III. Consent of Spouse</b>	
Spousal consent is required for married accountholders when the spouse is not named as the Primary Beneficiary.	
_____ Spouse's Signature	_____ Date

<b>IV. Accountholder Authorization</b>	
This designation revokes any previous designation. I can change this choice of beneficiary at any time in the future by submitting a new form to the Joint Retirement Board.	
_____ Applicant's Signature	_____ Date