EMPLOYEE INFORMATION CHANGE FORM - PAGE 1 OF 2

- Use this form to make name, marital status, or beneficiary designation changes in your existing ICMA-RC 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit-Sharing Plan accounts.
- If this request requires your employer's approval, obtain the employer signature before forwarding it to ICMA-RC.
- **Please print legibly in blue or black ink**. If you fax the form to ICMA-RC, **please do not mail the original.**

1. PERSONAL INFORMATION

Employer Plan Number ___ ___ ___ ___ ___ ___

Employer Plan Name ___

State ___ ___

Social Security Number (for tax-reporting purposes)

___ ___ ___ - ___ ___ - ___ ___ ___ ___

Full Name of Participant (Note: If you are submitting a name change, please indicate your former name here.)

___ ___

Last First M.I.

2. NAME CHANGE

For name changes, you must attach a copy of a legal document (e.g., driver's license or marriage certificate). If you have more than one ICMA-RC account, your name change will be made to all accounts.

Full New Name of Participant

___ ___

Last First M.I.

3. MARITAL STATUS CHANGE

If you have more than one ICMA-RC account, your marital status change will be made to all accounts.

New Marital Status - Check one box ❒ Married ❒ Single

4. BENEFICIARY DESIGNATION CHANGE

Read the important beneficiary information in the form instructions before completing this section. **Please use whole percentages and be sure the percentages total 100%** when designating primary and contingent beneficiaries.

A. Primary Beneficiary(ies) – will receive your assets upon your death.

Complete this section **ONLY** if you want to change or add a primary beneficiary. If you do not complete this section, no changes will be made to your existing primary beneficiary designation.

The changes you indicate here will apply only to the plan indicated in Section 1. If you have multiple plans with ICMA-RC, please complete a separate form for each plan.

The primary beneficiary information you indicate here will supersede previously submitted information and will be used by ICMA-RC to determine the primary beneficiary(ies) entitled to all or a portion of your plan account.

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
_____	____/____/_____	_____	_____ - _____ - _____	_____
_____	____/____/_____	_____	_____ - _____ - _____	_____
_____	____/____/_____	_____	_____ - _____ - _____	_____
				Total: 100%

*** The beneficiary relationship options are spouse, non-spouse, trust, and charity.**

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS

EMPLOYEE INFORMATION CHANGE FORM - PAGE 2 OF 2

Employer Plan Number ___ ___ ___ ___ ___ ___

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Name (Please Print) _____

4. BENEFICIARY DESIGNATION CHANGE (continued)

B. Contingent Beneficiary(ies) – will receive your assets if there is no primary beneficiary(ies) living at the time of your death.

Complete this section **ONLY** if you want to change or add a contingent beneficiary. If you do not complete this section, no changes will be made to your existing contingent beneficiary designation.

The changes you indicate here will apply only to the plan indicated in Section 1. If you have multiple plans with ICMA-RC, please complete a separate form for each plan.

The contingent beneficiary information you indicate here will supersede previously submitted information and will be used by ICMA-RC to determine the contingent beneficiary(ies) entitled to all or a portion of your plan account.

Name	Date of Birth	Relationship to You*	Social Security Number (for tax-reporting purposes)	% of Benefit
_____	____/____/_____	_____	_____ - _____ - _____	_____
_____	____/____/_____	_____	_____ - _____ - _____	_____
_____	____/____/_____	_____	_____ - _____ - _____	_____
				Total: 100%

*** The beneficiary relationship options are spouse, non-spouse, trust, and charity.**

5. SPOUSAL CONSENT

SPOUSAL CONSENT APPLIES TO 401 PLANS ONLY OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.

Most **401** plans require that if you are married, your spouse is the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you are married and you do not designate your spouse as your primary beneficiary for 100 percent of the account, your spouse must sign the Spousal Consent portion of this form in the presence of a plan representative or a notary public. Please read the form instructions for additional information.

Spousal Consent to Name a Non-Spousal Primary Beneficiary(ies):

By signing below, I hereby voluntarily consent to the beneficiary designation made by my spouse and waive my designation as sole primary beneficiary. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent (signature) must be witnessed by either my spouse's plan representative or a notary public. **Please note that if you live in a community property state, the spousal consent must be witnessed by a notary public.**

_____ ___ ___/___ ___/___ ___ ___ ___
Signature of Participant's Spouse Month Day Year

_____
Print Name of Participant's Spouse

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:

Employer's Plan Representative

Signature of Spouse witnessed this _____ day

of _____ (month), 20_____

_____
Employer Representative's Signature

_____
Print Name of Employer Representative

OR

Notary Public

Subscribed and sworn before me this _____ day

of _____ (month), 20_____

_____
Notary Public's Signature

Notary Public SEAL _____

My commission expires _____

6. AUTHORIZATION

_____ _____
Participant Signature **Date** **Employer Signature (if required)** **Date**

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS

EMPLOYEE INFORMATION CHANGE FORM INSTRUCTIONS

For address changes, investment allocation changes, or fund transfers, use Account Access (www.icmarc.org) or call 800-669-7400. If you wish to make a change to your payroll deduction, please use the *457 Deferred Compensation Plan Amount of Deferral Change Form* or *401 Plan Contribution Amount Change Form*, depending upon your retirement plan type, or see your employer to obtain the appropriate form for your plan.

IMPORTANT BENEFICIARY INFORMATION

Print the name, date of birth, relationship to you, Social Security number, and percentage to be received for each of your beneficiaries. **The beneficiary relationship options are spouse, non-spouse, trust, and charity.** If this form is not signed, the beneficiary designation will not be valid. If a valid form is not on file at the time of your death, benefits will be paid as outlined in your employer's plan document.

Beneficiary percentages are invalid if your request omits percentages, includes percentages that do not equal 100 percent, or were expressed with fractions (e.g., 33 1/3 percent).

Primary Beneficiary(ies): You may designate one or more people to receive the assets in your account upon your death.

Contingent Beneficiary(ies): If none of your primary beneficiary(ies) are living upon your death, your assets will be distributed to your contingent beneficiary(ies). You may specify one or more people as contingent beneficiary(ies).

More than three beneficiaries – To designate additional beneficiaries, (1) write "see attached sheet" on the primary and/or contingent beneficiary line(s) under "Name" and (2) attach and sign a separate piece of paper with your name, plan number, Social Security number, and additional beneficiary information.

Note: If a Social Security number is not provided for your beneficiary(ies) and ICMA-RC cannot locate the named beneficiary(ies), the account balance will be paid as outlined in your employer's plan document (normally, to your estate).

The IRS has certain rules governing the distribution of funds to beneficiaries. These rules are outlined in your employer's plan document and in ICMA-RC's Participant and Beneficiary Withdrawal Packets.

SPECIAL CERTIFICATION FOR PARTICIPANTS IN COMMUNITY PROPERTY STATES

If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as beneficiary unless your spouse waives this right. The Spousal Consent portion of the form can be used to provide your spouse's consent to the waiver; however, the spousal consent must be witnessed by a notary public. ICMA-RC cannot be responsible for an employee's failure to properly designate a beneficiary in accordance with state law requirements and the employee's failure to provide the certification required by this process. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid, and the payment of benefits to someone other than your intended beneficiary(ies).

IMPORTANT INSTRUCTIONS FOR 401 PLANS ONLY

If you are married, most 401 plans require your spouse to be the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you choose to designate a primary beneficiary(ies) other than your spouse, your spouse must consent to this waiver by completing Section 5.

Some 401 plans may allow you to designate any person(s) as primary beneficiary(ies) without spousal consent. If this is the case, community property state requirements still apply if you reside in such a state. If you are unsure which provision applies to you, check with your employer or ICMA-RC's Investor Services at 800-669-7400.

SPOUSAL CONSENT

Your spouse's signature must be witnessed by either your employer's plan representative or a notary public. **Please note that if you live in a community property state, the form must be witnessed by a notary public.**

This section does not need to be completed if you are single or your spouse is your primary beneficiary who will receive 100 percent of your account balance.

AUTHORIZATION

Once you have completed this form, sign it and submit both pages to ICMA-RC. If this request requires your employer's approval, please have your employer sign the completed form before submitting it to ICMA-RC. If this form is faxed (202-682-6439) to ICMA-RC, **please do not mail the original**.