



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.

BENEFICIARY DESIGNATION CHANGE

Please provide all of the requested information for each designated beneficiary, including the date of birth and Social Security number, as this information will help ICMA-RC locate your 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.

Missing percentage(s) for all of your primary and/or contingent beneficiaries will result in equal allocation among beneficiaries. Beneficiary designations are invalid if percentages are given for every beneficiary, but they do not equal 100% or are expressed with fractions (e.g., 33 1/3 %).

If you are naming a trust as your primary or contingent beneficiary, a complete copy of your entire trust document must be submitted with this form. ICMA-RC will not be able to honor your beneficiary designation if the entire copy of your trust document is not included.

Important note for married participants investing in the VantageTrust Retirement IncomeAdvantage Fund: To Lock-In and receive spousal benefits from the Fund, your spouse must be designated as the primary beneficiary for 100 percent of your account, both at the time you Lock-In the benefit and at the time of your death. Additional information is available in the *VantageTrust Retirement IncomeAdvantage Fund Important Considerations* document, available online or by contacting ICMA-RC's Investor Services at 800-669-7400.

SPOUSAL CONSENT FOR MARRIED PARTICIPANTS

457 Plan: If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), your spouse is generally entitled to be the primary beneficiary for at least 50% of your account unless he or she consents to waive this right in the presence of a notary public.

401 Plan: Most 401 plans require your spouse to be the primary beneficiary for 100% of the account unless your spouse consents to waive this right in the presence of your employer's plan representative or a notary public.

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 (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) law still applies provided you reside in such a state, and you must generally name your spouse as your primary beneficiary for at least 50% of the account unless your spouse consents to waive this right. Please note the spousal consent must be witnessed by a notary public. If you are unsure which provision applies to you, check with your employer or ICMA-RC.

457 and 401 Plans: Failure to meet community property 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).

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.**

Tear along this line.



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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 (whole %)
_____	___/___/___	_____	___-___-___	_____
_____	___/___/___	_____	___-___-___	_____
_____	___/___/___	_____	___-___-___	_____
				Total: 100%

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

5. SPOUSAL CONSENT

SPOUSAL CONSENT APPLIES TO (1) MOST 401 PLANS IF ELECTED BY THE EMPLOYER AND (2) ALL 457 AND 401 PLANS IF YOU LIVE IN A COMMUNITY PROPERTY STATE.

457 Plan: If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must generally name your spouse as a primary beneficiary for at least 50% of the account unless your spouse consents to waive this right. **Your spouse's written consent must be witnessed by a notary public.**

401 Plan: If you are married, most 401 plans require your spouse to be the primary beneficiary for 100% of the account unless your spouse consents to waive this right. **Your spouse's written consent must be witnessed by your employer's plan representative or a notary public.** Please read the instructions if you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) and your 401 plan does not require spousal consent to name a non-spouse beneficiary.

Spousal Consent (to be completed by the participant's spouse):

By signing below, I agree to waive my beneficiary designation in my spouse's account as outlined above. I understand 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 and each beneficiary designation is not valid unless I consent to it.

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

OR

Notary Public

Signature of Spouse witnessed this _____ day
of _____ (month), 20 _____

Subscribed and sworn before me this _____ day of _____ (month), 20 _____

Employer Representative's Signature

Notary Public's Signature

My commission

Print Name of Employer Representative

Notary Public SEAL _____ expires _____

*457 PLAN PARTICIPANTS WHO LIVE IN A COMMUNITY PROPERTY STATE MUST HAVE THE SPOUSAL CONSENT WITNESSED BY A NOTARY PUBLIC.

6. AUTHORIZATION

Participant Signature

Date

Employer Signature (if required)

Date

PLEASE KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS