

Note: Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

1 Participant Information

First Name _____ Last Name _____ Social Security Number (REQUIRED)/ Tax I.D. No _____ Date of Birth _____
 Street Address _____ City _____ State _____ Zip Code _____ Daytime Phone Number _____
 School District Listed as Employer on this Account (REQUIRED) _____ Participant Email Address _____

2 Beneficiary Designation Information

- I am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.
- I am MARRIED and designate the following person(s) to receive death benefits from the Plan (**SPOUSAL CONSENT REQUIRED** – see below). I
- am NOT MARRIED and designate the following person(s) to receive any death benefits. I understand that if I marry this is designation becomes void one year after my marriage.

Spouse Name _____ Spouse SSN _____ Spouse Email _____

Primary Name _____ SSN _____ Relationship _____ % _____
 Secondary Email Address _____ Phone Number _____ Address _____

Primary Name _____ SSN _____ Relationship _____ % _____
 Secondary Email Address _____ Phone Number _____ Address _____

Primary Name _____ SSN _____ Relationship _____ % _____
 Secondary Email Address _____ Phone Number _____ Address _____

3 Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)

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 _____ Date _____

4 Participant Signature

I hereby authorize my employer, after the date signed, to reduce my salary according to my employers 3121 FICA Alternative Plan provisions. Such reductions shall continue until I am no longer eligible to participate in the plan. I also authorized the above stated beneficiary designation changes (if applicable). THIS AGREEMENT WILL REPLACE ALL PRIOR AGREEMENTS.

Participant Signature (Required) _____ Date _____