ICMARC
Building Retirement Security

EMPLOYEE INFORMATION CHANGE FORM

Use this form to make **name, marital status,** or **beneficiary changes** in your existing ICMA Retirement Corporation 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit-Sharing Plan accounts.

For address changes, investment allocation changes or fund transfers, use VantageLink (www.icmarc.org) or VantageLine (1-800-669-7400).

If you wish to make a change to your payroll deduction, please use the *457 Deferred Compensation Plan Amount of Deferral Change Form* or the *401 Amount of Contribution Change Form,* depending upon your retirement plan type.

If this request requires your employer's approval, submit the completed form for signature before forwarding it to ICMA-RC . **(If you fax the form to ICMA-RC, please do not mail the original.)**

1 Personal Information
(All information in this section **must** be completed.)

Employer Plan Number _____ Employer Plan Name _____ State _____

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

ADDRESS: _____

_____

Full Name of Participant

Last _____ First _____ M.I. _____

2 Name Change
(Note: For name changes, you must attach a copy of a legal document (copy of driver's license, etc.) and have Employer approval.)

Make this change ***ONLY*** to the following plan(s):

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

Full New Name of Participant

Last _____ First _____ M.I. _____

3 Primary Beneficiary Change
(Please read important beneficiary information on the back of this form before completing this section.)

Complete this section **ONLY** if you want to change or add a primary beneficiary. Otherwise, if you do not complete this section, your primary beneficiary information will be according to your previous designation.

The changes you indicate here will apply only to the plan account you indicated in section #1 above. If you have other ICMA-RC accounts with other employers and you wish to make a primary beneficiary change to those accounts, please fill out one form for each employer account.

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

Name of Primary Beneficiary(ies)	Date of Birth	Relationship to you	Social Security Number	% of benefit *
	/ /	☐ Spouse ☐ Other:		
	/ /	☐ Spouse ☐ Other:		

*Must total 100%. Use whole percentages only.

4 Contingent Beneficiary Change
(Please read important beneficiary information on the back of this form before completing this section.)

Complete this section **ONLY** if you want to change or add a contingent beneficiary. Otherwise, if you do not complete this section, your contingent beneficiary information will be according to your previous designation.

The changes you indicate here will apply only to the plan account you indicated in section #1 above. If you have other ICMA-RC accounts with other employers and you wish to make a contingent beneficiary change to those accounts, please fill out one form for each employer account.

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

Name of Primary Beneficiary(ies)	Date of Birth	Relationship to you	Social Security Number	% of benefit *
	/ /	☐ Spouse ☐ Other:		
	/ /	☐ Spouse ☐ Other:		

*Must total 100%. Use whole percentages only.

5 Marital Status Change - *Please check one box.*

Make this change ***ONLY*** to the following plan(s):

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

Employer Plan Number: _____ Employer Plan Name: _____ State: _____

New Marital Status: ☐ Married ☐ Single

6 Authorizations

_____ **Participant Signature** **Date**

_____ **Spousal Signature** **Date**

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

All 401 plans with marital rights require the spouse as 100% primary beneficiary, unless your spouse waives this right by signing here.