

Beneficiary Designation or Participant Data Change Form – APPLE PLAN

Please complete this form if you would like to designate your beneficiary.

Otherwise, your beneficiary will automatically be your spouse if you are married, or your estate if you are not married.

Your Employer: Palomar Community College

CHECK ONE:

Beneficiary Designation or Beneficiary Change

Address Change

Name Change

1. PARTICIPANT INFORMATION: *This section must be completed.*

Employee Name (Last, First, Middle) _____ Male Female

Home Address _____ City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____ Home Phone _____ Work Phone _____

2. BENEFICIARY DESIGNATION: *This section must be completed to change beneficiary.*

I am married and designate the following person(s) to receive death benefits from the Plan.

Primary Beneficiary Name*: _____ Relationship: _____

Address: _____ Date of Birth: _____ SS#: _____

Contingent Beneficiary Name: _____ Relationship: _____

Address: _____ Date of Birth: _____ SS#: _____

SPOUSAL CONSENT

I CONSENT TO THIS DESIGNATION THAT ELIMINATES ALL OR PART OF THE BENEFITS OTHERWISE PAYABLE TO ME FROM THE PLAN IF MY SPOUSE DIES.

Spouse Consent Signature

Date

Notary Public or Employer

3. NAME CHANGE:

From: _____ To: _____

Reason for Change: Marriage Divorce Other:

4. SIGNATURES: *This section must be completed.*

Participant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____