

Beneficiary Information Change(s)

The beneficiary information on this form replaces the beneficiary information on file for the following account(s). Check one or all that apply. If no box is checked, we will update all 403(b) and IRA accounts.

All 403(b) and IRA Accounts
 Traditional IRA Account
 Roth IRA Account
 403(b) Account

1. Applicant Information

Social Security No. _____	Employer Name _____
Name _____ <small style="display: flex; justify-content: space-around; width: 100%;">Last First Middle</small>	Employment Date _____
Address _____	WEAC ID No. (if applicable) _____
_____	Retirement Date (if applicable) _____
<small style="display: flex; justify-content: space-between; width: 100%;">City State ZIP</small>	Date of Birth _____
Phone (_____) _____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
E-Mail Address _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

2. Beneficiary Information

If you are married at the time of your death, your spouse may have enforceable claims on your account pursuant to Wisconsin's marital law. You may wish to consult your attorney on this matter. If no beneficiary is chosen, your account will be paid to your estate. Primary beneficiary percentage must equal 100% and contingent beneficiary percentage must equal 100%.

Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
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Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary
Name	Date of Birth	Relationship	Percentage	<input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary

(List additional beneficiaries on a separate page—include your Social Security number, signature, and date on all additional pages.)

3. Signature and Date (Required for processing.)

Participant's Signature _____ Date _____