



hooker & holcombe

403(b) (7) MUTUAL FUND SOURCE BENEFICIARY/CHANGE FORM

1 | Participant Information

Participant Name: _____ School District/City Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

SSN#: _____ DOB: _____ Email: _____

2 | Beneficiary Designation

Default Designation: Unless otherwise indicated, your beneficiary will be your spouse. In the event you have no spouse, your beneficiary(ies) will be your child(ren), equally. If any child does not survive you, the deceased child's share will go to his/her child(ren), equally. If no children or grandchildren survive you, your beneficiary will be your estate.

Alternate Designation: Provide your beneficiary information below only if you do not want the default designation. Check the box below if you would like to make an alternate designation.

I hereby designate the person(s) named below as primary and/or contingent beneficiary(ies) to receive payment of the value of my Account(s) upon my death.

NOTE: Primary percentage column totals must equal 100%, and Contingent percentage totals must equal 100% (if applicable). Any failure to input clear, legible, and concise instructions will default to "Default Designation" referenced above. Primary beneficiary(ies) must be clearly indicated *before* Contingent beneficiary(ies) are requested. Primary beneficiary(ies) **cannot** be the same as Contingent beneficiary(ies). Please use "Whole Percentages" only.

Beneficiary Name & Relationship	SSN #	DOB	Address/City/State/Zip	Primary %	Contingent %
Each Primary and Contingent Percentage Column Must Equal 100%				= 100%	= 100%

Please retain a copy of this paperwork for your records. In all events, your beneficiary designation is subject to the terms of your Employer's 403(b) Plan. If you designate a trust as a primary and/or contingent beneficiary, please include the date the trust was created and the trustee's name. The most current, completed Beneficiary Designation will override any previous designations on file.

PARTICIPANT

By: _____ Date: _____

Print Name: _____