

## 3121 FICA Alternative Plan Address Change/Beneficiary Designation Form

FAX COMPLETED FORMS TO: 714.258.4262

		Deficition y Designation	n Change (Complete <u>All</u> Sections)	☐ Addre	Address Change (Complete Sections 1 and 4 Only)		
Participant Email Address   Participant Email Address	st Name	Last Name		ocial Security Numbe	r (REQUIRED)/ Tax I.D. No	Date of Birth	
Primary   Name   SSN   Relationship   %	eet Address		City	State	Zip Code	Daytime Phone Number	
am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.     am MARRIED and designate the following person(s) to receive death benefits from the Plan (SPOUSAL CONSENT REQUIRED – see below     am MARRIED and designate the following person(s) to receive death benefits. I understand that if I marry this is designation becovoid one year after my marriage.    Spouse Name	nool District Listed as Emp	loyer on this Account (REQUIRED)	Participant Email A	Address			
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     Primary   Name   SSN   Relationship   %     Secondary   Email Address   Phone Number   Address     Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)   Insent to this designation, which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.	☐ I am MARRIED a☐ I am MARRIED a☐ I am NOT MARR	and designate my spouse and designate the followin RIED and designate the fol	named below to receive ALL death g person(s) to receive death bene	fits from the Plar	(SPOUSAL CONSEN	IT REQUIRED – see below rry this is designation becon	
Secondary   Email Address   Phone Number   Address		Spouse Name		Spouse SSN		Spouse Email	
Secondary   Email Address   Phone Number   Address	☐ Primary	Name	SSN		Relationship		
Email Address  Phone Number  Address  Primary  Name  SSN  Relationship  %  Email Address  Phone Number  Address  Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)  nsent to this designation, which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.	_	Email Address	Phone Number				
Email Address  Phone Number  Address  Primary  Name  SSN  Relationship  M  Email Address  Phone Number  Address  Phone Number  Address  Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)  Insent 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	_ ′	Name	SSN		Relationship	<del>%</del>	
Email Address  Phone Number  Address  Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)  Insent 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	<u> Бесопиагу</u>	Email Address	Phone Number		Address		
Spousal Consent (Required for Option 2, if married and spouse is not named beneficiary)  nsent 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	☐ Primary	Name	SSN		Relationship	<del>%</del>	
nsent 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	Secondary	Email Address	Phone Number		Address		
						se dies.	
Participant Approval	Spouse's Signature		Date No	tary Public		Date	
	Participant App	proval					