

Animation Guild 401(k) Plan

PARTICIPANT INFORMATION CHANGE & BENEFICIARY CHANGE FORM

Account Number **FL 51878 - 1**

Participant's Name _____
first middle last

Social Security No. _____

PARTICIPANT NAME CHANGE

Name changed from _____
first middle last

to _____
first middle last

PARTICIPANT ADDRESS CHANGE

Changed to _____
street

city state zip

MARITAL STATUS CHANGE

Changed to Married Single or Legally Separated

BENEFICIARY DESIGNATION CHANGE (This designation supersedes any prior designation.)

Primary Beneficiary: (Check either box 1 or 2)

- 1. **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance at my death.
Spouse's name: _____
- 2. **Non-Spouse Primary Beneficiary:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages.)

Name	Relationship	Percent
Name	Relationship	Percent
Name	Relationship	Percent

If you are married and you have not elected your spouse as primary beneficiary, please have your spouse provide Consent below.

SPOUSAL CONSENT. I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

Spouse's Signature

_____/_____/_____
Date

Notary Public Signature

Date

_____/_____/_____
Date Commission Expires

Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive at my death, the following person(s) should receive my account balance at my death: (If division is other than equal shares, write in percentages.)

Name	Relationship	Percent
Name	Relationship	Percent

SIGNATURES

Participant

_____/_____/_____
Date

I, the plan administrator, certify that the above information is correct. If a married participant has designated a non-spouse beneficiary, and the spouse's signature has not been witnessed by a Notary Public, I also certify that I have witnessed the spouse's signature above agreeing to the designation.

Plan Administrator

_____/_____/_____
Date