



CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND

3350 East Paris Avenue SE
Grand Rapids MI 49512-3054
616.284.3258
brendaaddie@csionline.org

PARTICIPANT CHANGE FORM

PARTICIPANT NAME SSN

PERSONAL INFORMATION CHANGE - Complete all areas that apply.

[] Address Change: Address City State Zip Home phone Cell phone Email

[] Marital Status: Date of event from [singl marr div widow] to [singl marr div widow]

[] Marriage Spouse name DOB

[] Name from to

[] Death of Spouse: Spouse name Date of death

BENEFICIARY DESIGNATION CHANGE

Note If beneficiary change is due to death or divorce of spouse, proof of event must be provided. Death [] Divorce []

I designate the following as my beneficiary to receive any benefits that may become payable under the Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations.

Beneficiary name Relationship

SSN DOB

Address City

State Zip

If benefits are to be paid to a minor, the Plan Administrator, at his/her discretion, may make such benefits payable to a legal guardian or, if none, to a parent with whom the minor resides.

Optional designation: I designate the following as contingent beneficiary in case of my primary beneficiary's death, to receive any benefits that may become payable under the Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations. (Additional beneficiaries may be listed on the back of this form.) If multiple beneficiaries, please include percentage (%) for each.

Contingent Beneficiary Name SSN/Tax ID Relationship

Address

PARTICIPANT SIGNATURE Date

SPOUSE CONSENT

If you are married and wish to designate someone other than your spouse as your beneficiary, your spouse must give written notarized consent to the beneficiary of your choice.

As the spouse of the above-named retiree, I consent to the beneficiary designation listed above. I understand that under this designation, no death benefits will be paid to me from this Plan.

Spouse signature Date

Spouse name (printed) DOB SSN

Signed before me this day of

Commission expiration date

Signature of Notary Public

(STAMP SEAL HERE)