

## Beneficiary Designation or Participant Data Change Form – APPLE PLAN

Please complete this form if you would like to designate your beneficiary.

Otherwise, your beneficiary will automatically be your spouse if you are married, or your estate if you are not married.

Your Employer: \_\_\_\_\_

**CHECK ONE:**

Beneficiary Designation or Beneficiary Change       Address Change       Name Change

**1. PARTICIPANT INFORMATION:** *This section must be completed.*

Employee Name (Last, First, Middle) \_\_\_\_\_ Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**2. BENEFICIARY DESIGNATION:** *This section must be completed to change beneficiary.*

I am married and designate the following person(s) to receive death benefits from the Plan.

Primary Beneficiary Name\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Contingent Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

**SPOUSAL CONSENT**

I CONSENT TO THIS DESIGNATION THAT ELIMINATES ALL OR PART OF THE BENEFITS OTHERWISE PAYABLE TO ME FROM THE PLAN IF MY SPOUSE DIES.

\_\_\_\_\_  
Spouse Consent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public or Employer

**3. NAME CHANGE:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Change:     Marriage     Divorce     Other:

**4. SIGNATURES:** *This section must be completed.*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_