Inactive Provider Beneficiary Form

Do not use this form to request beneficiary changes to accounts with AIG, Empower, Horace Mann and Voya.

Complete this form to request beneficiary changes to accounts held with any provider not listed above.

Personal Information	Last First MI	ırity #
Beneficiary Designation		% Share Relationship
	* P = Primary / C=Contingent Attach additional sheet if needed.	
Applicable Accounts	Apply this designation to the following accounts:	
Participant Signature	X	Date
Submit Form	Mail to: DAS-HRE Attention: RIC 1305 E. Walnut Des Moines, IA 50319 DAS-HRE Fax: 515-281-5102 Scan/em	ail: ric@iowa.gov

