



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

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

Personal Information	Name _____ Social Security # _____ <small>Last First MI</small> Address _____ City _____ State _____ Zip _____ Telephone (work) _____ Telephone (home) _____																																																												
Beneficiary Designation	<table border="1"> <thead> <tr> <th>P/C*</th> <th>Name</th> <th>SS#</th> <th>% Share</th> <th>Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>* P = Primary / C=Contingent Attach additional sheet if needed.</p>	P/C*	Name	SS#	% Share	Relationship																																																							
P/C*	Name	SS#	% Share	Relationship																																																									
Applicable Accounts	Apply this designation to the following accounts: _____ _____																																																												
Participant Signature	X _____ <small>Signature Date</small>																																																												
Submit Form	Mail to: DAS-HRE Attention: RIC 1305 E. Walnut Des Moines, IA 50319 Fax: 515-281-5102 Scan/email: ric@iowa.gov																																																												