



Do not use this form to request changes to accounts with the providers below.

AXA Equitable Horace Mann MassMutual Nationwide Security Benefit TIAA-CREF VALIC Voya

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

Personal Information	Name _____ Social Security # _____ <small style="margin-left: 100px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">MI</small>																										
	Telephone (work) _____ Telephone (home) _____																										
Beneficiary Designation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">Name of beneficiary</td> <td style="width: 15%; border-bottom: 1px solid black;">Social Security #</td> <td style="width: 10%; border-bottom: 1px solid black;">Percentage %</td> <td style="width: 30%;"><input type="checkbox"/> primary <input type="checkbox"/> contingent</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of beneficiary</td> <td style="border-bottom: 1px solid black;">Social Security #</td> <td style="border-bottom: 1px solid black;">Percentage %</td> <td><input type="checkbox"/> primary <input type="checkbox"/> contingent</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of beneficiary</td> <td style="border-bottom: 1px solid black;">Social Security #</td> <td style="border-bottom: 1px solid black;">Percentage %</td> <td><input type="checkbox"/> primary <input type="checkbox"/> contingent</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of beneficiary</td> <td style="border-bottom: 1px solid black;">Social Security #</td> <td style="border-bottom: 1px solid black;">Percentage %</td> <td><input type="checkbox"/> primary <input type="checkbox"/> contingent</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of beneficiary</td> <td style="border-bottom: 1px solid black;">Social Security #</td> <td style="border-bottom: 1px solid black;">Percentage %</td> <td><input type="checkbox"/> primary <input type="checkbox"/> contingent</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of beneficiary</td> <td style="border-bottom: 1px solid black;">Social Security #</td> <td style="border-bottom: 1px solid black;">Percentage %</td> <td><input type="checkbox"/> primary <input type="checkbox"/> contingent</td> </tr> </table>			Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent	Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent	Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent	Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent	Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent	Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent
Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent																								
Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent																								
Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent																								
Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent																								
Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent																								
Name of beneficiary	Social Security #	Percentage %	<input type="checkbox"/> primary <input type="checkbox"/> contingent																								
	Attach an additional sheet if needed.																										
Applicable Accounts <i>Designate which accounts should reflect this designation</i>	<input type="checkbox"/> Apply this designation to all of my RIC accounts invested any provider that is not listed above. (RIC staff will send a copy of this form to your active provider(s) if applicable.) <input type="checkbox"/> Apply this designation to the following accounts only: _____ _____																										
Participant Signature	X _____ <small style="margin-left: 100px;">Signature</small> <small>Date</small>																										
Submit Form	Mail to: DAS-HRE Attention: Terri Marshall 1305 E. Walnut Des Moines, IA 50319 Fax: 515-281-5102 Scan/email: terri.marshall@iowa.gov																										