



**Retirement Investors' Club (RIC)**  
457/401a Plans  
Look *forward* to retirement!

# Beneficiary Form

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.

<b>Personal Information</b>	Name _____ Social Security # _____ <small style="display: block; margin-left: 40px;">Last                                      First                                      MI</small> Telephone (work) _____ Telephone (home) _____																																																		
<b>Beneficiary Designation</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">P/C*</th> <th style="width: 40%;">Name</th> <th style="width: 15%;">SS#</th> <th style="width: 15%;">% Share</th> <th style="width: 25%;">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> </tbody> </table> <p>* P = Primary / C=Contingent Attach additional sheet if needed.</p>	P/C*	Name	SS#	% Share	Relationship																																													
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<b>Applicable Accounts</b> <small>Designate which accounts should reflect this designation</small>	<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: _____ _____																																																		
<b>Participant Signature</b>	<b>X</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Signature</span> <span>Date</span> </div>																																																		
<b>Submit Form</b>	Mail to:    DAS-HRE   Attention: Christi Patterson   1305 E. Walnut   Des Moines, IA 50319 <span style="margin-left: 50px;">Fax:     515-281-5102</span> <span style="margin-left: 50px;">Scan/email:     <a href="mailto:christipatterson@iowa.gov">christipatterson@iowa.gov</a></span>																																																		