

SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION

DEFINED BENEFIT PLAN AND/OR 401(K) PLAN

PARTICIPANT ADDRESS, NAME, MARITAL STATUS, AND BENEFICIARY CHANGE FORM

Name of Participant: _____ Certificate Number: _____
 Social Security Number: _____
 Name of Employer: _____ Employer Number: _____

A. Change of Address:

New Address:

Street: _____

City _____ State _____ Zip Code _____

Note: If you are an employee of a direct mail bank, the address on the payroll file will override the address on our file.

B. CHANGE OF NAME

The Name of the Participant is hereby changed:

From: _____ To: _____

C. CHANGE OF MARITAL STATUS

The marital status of the Participant has been changed to:

Single Married – Complete Section B (Name) if applicable
 Spouse’s Name: _____ Birth Date: _____
 Spouse’s Social Security Number: _____

If the Participant’s marital status is being changed to “**Married**”, all previous beneficiary designations are now revoked. The spouse listed above is automatically the **Primary Beneficiary** unless and until he/she waives such right and agrees to a new beneficiary designation.

If the Participant’s marital status is being changed to “**Single**”, a copy of the Participant’s final divorce decree or the spouse’s death certificate must be submitted with this form and a new beneficiary should be designated.

D. CHANGE OF 401(K) PLAN BENEFICIARY DESIGNATION (CLASS 1 = PRIMARY BENEFICIARY CLASS 2 = CONTINGENT)

Name of Beneficiary	Relationship	Class	SS Number	Date of Birth

401(k) Spousal Consent (Required only if Spouse is not named as Primary Beneficiary)

I certify that I am the spouse of the employee who has made the designation shown on this form. I have voluntarily consented to permit my spouse to name a beneficiary other than myself to receive the death benefits due under the plan. I acknowledge that I understand that: (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) my spouse's designation of an alternate beneficiary is not valid unless I consent to it, and (3) my consent is irrevocable unless my spouse revokes this designation or unless provided otherwise under a qualified domestic relations order.

Signature of Spouse

Date

Notarization

State of _____

County of _____, ss: _____ Date: _____

On this ____ day of _____, 200__, before me the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed on this document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public Signature

Printed Name

My commission expires: _____

SEAL

E. CHANGE OF DEFINED BENEFIT PLAN BENEFICIARY DESIGNATION (CLASS 1 = PRIMARY BENEFICIARY CLASS 2 = CONTINGENT)

Check Box if Same as 401(k) Beneficiary(ies)

***Complete only if different from 401(k) Plan**

Name of Beneficiary	Relationship	Class	SS Number	Date of Birth

Defined Benefit Plan Spousal Consent (Required only if Spouse is not named as Primary Beneficiary)

I certify that I am the spouse of the employee who has made the designation shown on this form. I have voluntarily consented to permit my spouse to name a beneficiary other than myself to receive the death benefits due under the plan. I acknowledge that I understand that: (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) my spouse's designation of an alternate beneficiary is not valid unless I consent to it, and (3) my consent is irrevocable unless my spouse revokes this designation or unless provided otherwise under a qualified domestic relations order.

Signature of Spouse

Date

Notarization

State of _____

County of _____, ss: _____ Date: _____

On this ____ day of _____, 200__, before me the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed on this document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public Signature

Printed Name

My commission expires: _____

SEAL

F. Participant Signature

I authorize SBERA to make any and all changes on this form to my Defined Benefit and/or 401(k) Plan as indicated.

Participant Signature

Date

SBERA Use Only

Received: _____

Entered: _____

By: _____

