



Participant Data Change

Please complete the section(s) that apply to your request
(any incomplete forms will be returned)

Active Participant

Retiree or Survivor

Terminated Participant

Section I: Personal Information

Name: _____ Employer/Jurisdiction: _____

Social Security Number: _____ Phone Number: _____

Email Address: _____

Section II: Name Change (please submit a copy of the appropriate court document for your name change)

Name Changed From: _____

Section III: Address Change

New Address: _____

Old Address: _____

Section IV: Beneficiary Information (if not checked, applies to all Plans)

401(a) Defined Contribution Plan

Deferred Compensation Plan

Defined Benefit Plan

- You may use this form to designate the same beneficiary(ies) for all plans in which you participant. If you wish to designate different beneficiary(ies) for each plan in which you participant, you must complete a separate form for each plan
- If you name more than one primary or contingent beneficiary, the "% to Beneficiary" for the category must equal 100%
- The "Percent to Beneficiary" can be split up to two decimal points (Example: 33.33%)
- The beneficiary(ies) designated on this form relates only to the receipt of Lump Sum or Balance of Period Certain Benefits payable under the Defined Benefit Pension Plan.

I hereby designate the following beneficiary(ies) to receive any death benefits payable under the referenced retirement plan(s), still reserving the privilege of future changes with the exception of the contingent/survivor benefit for the DB Plan. As a participant, I do hereby revoke any previous beneficiary information, and specify the below named persons as my beneficiary(ies).

Primary Beneficiary			
Name: _____	SS#: _____	Date of Birth _____	Sex: _____
Address: _____	City: _____	State: _____	Zip: _____
Relationship to Participant: _____		Percent to Beneficiary: _____	

PLEASE CHECK PRIMARY OR CONTINGENT FOR THE ADDITIONAL BENEFICIARIES (if more space is needed, an additional sheet may be attached to this form)

<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT			
Name: _____	SS#: _____	Date of Birth _____	Sex: _____
Address: _____	City: _____	State: _____	Zip: _____
Relationship to Participant: _____		Percent to Beneficiary: _____	

<input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT			
Name: _____	SS#: _____	Date of Birth _____	Sex: _____
Address: _____	City: _____	State: _____	Zip: _____
Relationship to Participant: _____		Percent to Beneficiary: _____	

If more than one primary beneficiary is designated, settlement will be made to each in equal shares unless otherwise specified above. If primary beneficiary(ies) does not survive me, settlement will be made to the contingent beneficiary(ies). If no designated beneficiary survives me, settlement will be made as designated by the Plan documents.

Signed: _____ Date: _____

Required Witness Signature: _____ Date: _____

(must not be listed as a beneficiary)

Return to: ACCG Retirement Services, 12195 Hwy 92 Suite 114-392 Woodstock, GA 30188
Fax to (770) 563-9356 Phone (770) 952-5225 or (800) 736-7166