

# EMPLOYEE INFORMATION CHANGE FORM



ICMA RETIREMENT CORPORATION

Use this form to make **name changes, change in marital status, or beneficiary changes** in your existing ICMA Retirement Corporation 457 Deferred Compensation Plan, 401 Money Purchase Plan, or 401 Profit Sharing Plan accounts.

For address changes, investment allocation changes or fund transfers, use VantageLink (www.icmarc.org) or VantageLine (1-800-669-7400).

If you wish to make a change to your payroll deduction, 457 Deferred Compensation Plan participants please use the *457 Deferred Compensation Plan Amount of Deferral Change Form*, 401 Money Purchase and 401 Profit Sharing Plan participants please use the *401 Amount of Contribution Change Form*.

If this request requires your employer's approval, submit the completed form for signature before forwarding it to ICMA-RC. **(If you fax the form to ICMA-RC, please do not mail the original.)**

## Personal Information

All information in this section **must** be completed in order to process changes. The employer plan number is available from your quarterly statement, from your employer or by calling ICMA-RC Investor Services toll-free at 1-800-669-7400.

Employer Plan Number	Employer Plan Name	State
_____	_____	_____
Social Security Number	Full Name of Participant	
____-____-____	_____	
	Last	First M.I.

## Name Change (Note: For name changes, you must attach a copy of a legal document (copy of driver's license, etc.) and have Employer approval.)

### Please check one box:

- Make this change to all accounts
- Make this change **ONLY** to the following plan(s):
- Employer Plan Number: \_\_\_\_\_ Employer Plan Name: \_\_\_\_\_ State: \_\_\_\_\_
- Employer Plan Number: \_\_\_\_\_ Employer Plan Name: \_\_\_\_\_ State: \_\_\_\_\_

### Full New Name of Participant

\_\_\_\_\_  
Last First M.I.

## Beneficiary Change (Please read important additional beneficiary information on the back of this form before completing this section.)

The changes you indicate here will apply **ONLY** to the plan account you indicated in the Personal Information Box above. If you have other ICMA-RC accounts with other employers and you wish to make a beneficiary change, please fill out one form for each employer account.

Name of Beneficiary	Date of Birth	Relationship to you	Social Security Number	% of benefit
Primary Beneficiaries:		<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		
Contingent Beneficiaries, if any:		<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		

## Marital Status Change - Please check one box:

- Make this change to all accounts
- Make this change **ONLY** to the following plan(s):
- Employer Plan Number: \_\_\_\_\_ Employer Plan Name: \_\_\_\_\_ State: \_\_\_\_\_
- Employer Plan Number: \_\_\_\_\_ Employer Plan Name: \_\_\_\_\_ State: \_\_\_\_\_

New Marital Status:  Married  Single

Participant Signature	Date	Employer Signature (if required)	Date
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