



PARTICIPANT DATA CHANGE FORM

Check all Plan boxes that apply to the changes

401(a) Defined Contribution Plan 457 Deferred Compensation Plan Defined Benefit Pension Plan

Please complete the section(s) that apply to your request
(Any incomplete forms will be sent back for completion)

Section I: Personal Information

Active Participant Retiree Terminated Participant

Participant Name: _____ Social Security #: _____

Employer/Jurisdiction Name _____ Phone Number: _____

E-mail Address: _____

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

Name Changed From: _____

Section III: Address Change

New Address: _____

City: _____ State: _____ Zip: _____

PIN Letter

Section IV: Beneficiary Information

I hereby designate the following beneficiary(ies) to receive any death benefits payable under the above Pension Plan, still reserving the privilege of future changes. As a participant, I do hereby revoke any previous beneficiary information, and specify the below named persons as my beneficiary(ies).

PRIMARY BENEFICIARY(IES)

1) _____
Name of Primary Beneficiary Relationship SS# Date of Birth %

Address: _____

2) _____
Name of Primary Beneficiary Relationship SS# Date of Birth %

Address: _____

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 contingent beneficiary. If no designated beneficiary survives me, settlement will be made as designated by the Plan documents.

CONTINGENT BENEFICIARY

1) _____
Name of Contingent Beneficiary Relationship SS# Date of Birth %

Address: _____

Participant Signature: _____

Witness Signature: _____
(Must not be listed as beneficiary)

Date: _____

Return To:
GEBCorp, 400 Galleria Parkway., Ste. 1250
Atlanta, Georgia 30339 or fax 770.563.9356
Phone 770.952.5225 or 800.736.7166