

PSAB - Municipal Retirement Trust

Form A-3: Participant Information Change

Municipality: _____

Plan Name: _____

I. Participant Name Change

From: _____
(Last, First, Middle Initial)

To: _____
(Last, First, Middle Initial)

II. Beneficiary Designation(s)/Change

Participant Name: _____
(Last, First, Middle Initial)

I hereby request that all benefits payable at my death be paid to the beneficiary(s) named below. This designation supersedes any previous designation.

1. Beneficiary Name: _____ Principal

Relationship: _____ Social Security Number: _____ - _____ - _____ Date of Birth _____

Street Address: _____ City, State, Zip Code: _____

2. Beneficiary Name: _____ Principal OR Contingent (Secondary)

Relationship: _____ Social Security Number: _____ - _____ - _____ Date of Birth _____

Street Address: (if different from employee) _____

City, State, Zip Code: _____

3. Beneficiary Name: _____ Principal OR Contingent (Secondary)

Relationship: _____ Social Security Number: _____ - _____ - _____ Date of Birth _____

Street Address: (if different from employee) _____

City, State, Zip Code: _____

III. Authorization

Participant Signature: _____ Date: _____

Municipal Signature: _____ Date: _____

IV. Distribution

Signed original retained by municipality, one signed copy to participant, one signed copy to PSAB-MRT.