



Participant and Beneficiary Information Form

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IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Plan Owner (Employee, if employer funded)

Name:		SSN:	
Residence Address: <i>(Street)</i>			
City:	State:	Zip:	
Mailing Address, if different <i>(Street or P.O. Box)</i>			
City:	State:	Zip:	
Home Phone:		Work Phone:	
Home Fax:		Cell Phone:	
Email:			
Birth Date:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Second ID:	Lived in what state for the last 5 years?		
Name of Employer: <i>(If employer funded)</i>			

Primary Beneficiary (Can inherit the funds)

Name:		SSN:	
Street Address:			
City:	State:	Zip:	
(H) Phone:	(W) Phone:	Email:	
Birth Date:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <i>(Driver's License information required if spouse)</i>			

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First Contingent Beneficiary

Name:		SSN:	
Street Address:			
City:		State:	Zip:
(H) Phone:		(W) Phone:	Email:
Birthdate:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <small>(Driver's License information required if spouse)</small>			Percentage of Plan Ownership: %

Second Contingent Beneficiary

Name:		SSN:	
Street Address:			
City:		State:	Zip:
(H) Phone:		(W) Phone:	Email:
Birthdate:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <small>(Driver's License information required if spouse)</small>			Percentage of Plan Ownership: %

Third Contingent Beneficiary

Name:		SSN:	
Street Address:			
City:		State:	Zip:
(H) Phone:		(W) Phone:	Email:
Birthdate:		Mother's Maiden Name:	
Driver's License #:	State of Issue:	Issue Date:	Expiration Date:
Relationship to Plan Owner: <small>(Driver's License information required if spouse)</small>			Percentage of Plan Ownership: %