WEA TRUST
MEMBER BENEFITS

P.O. Box 7338 • Madison, WI 53707-7338
45 Nob Hill Road • Madison, WI 53713-3959
e-mail: memberbenefits@weatrust.com • Web site: weabenefits.com
Voice/TDD: 1-800-279-4030 • Fax: (608) 661-6799

Beneficiary Information Change(s)

The beneficiary information on this form replaces the beneficiary information on file for the following account(s):

CHECK ONE OR ALL THAT APPLY:

❒ All TSA and IRA accounts
❒ Tax-sheltered annuity account
❒ Traditional IRA Guaranteed Account
❒ Roth IRA Guaranteed Account
❒ Traditional IRA Mutual Fund Account
❒ Roth IRA Mutual Fund Account

If you wish to make a name change to your account, please request an ***Address/Name Change(s)*** form. Or, go to weabenefits.com to download a copy of this form.

PLEASE PRINT WITH BLACK INK

Participant Information

Social Security/Account no. _____

Employer name _____

Name _____
Last First Middle

Date of birth _____ / _____ / _____

Address _____

Daytime phone (_____) _____

_____
City State ZIP

Evening phone (_____) _____

❑**Check here if new address**
(Address information submitted on this form replaces information on file for all your WEA Trust Member Benefits tax-sheltered annuity (TSA) and/or IRA accounts.)

Check any other you may want notified: ❑ Auto Insurance ❑ Home Insurance ❑ Umbrella Insurance ❑ Group Health, Dental, Life, and/or Disability ❑ Group and/or Individual Long Term Care

Beneficiary Information

Please refer to the enclosed *Choosing Beneficiaries for Your Retirement Account* brochure.

If you are married at the time of your death, your spouse may have enforceable claims on your account pursuant to Wisconsin's marital law. You may wish to consult your attorney on this matter.

Primary Beneficiary(ies)

Name	Date of birth	Social Security no.	Relationship	Percentage	*per stirpes*
					❒
					❒
					❒

(% column MUST total 100%)

Contingent Beneficiary(ies)

Name	Date of birth	Social Security no.	Relationship	Percentage	*per stirpes*
					❒
					❒
					❒

(% column MUST total 100%)

(List additional beneficiaries on a separate page—include your Social Security number, signature, and date on all additional pages.)

Signature and Date (required)

Participant's Signature _____ **Date** _____