



**CHRISTIAN SCHOOL PENSION PLAN AND TRUST FUND**

3350 East Paris Avenue SE  
Grand Rapids MI 49512-3054

**PARTICIPANT CHANGE FORM**

**PERSONAL INFORMATION CHANGE**

Employee's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Name change?  Yes  No Soc. Sec. No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address Change?  Yes  No

**BENEFICIARY DESIGNATION CHANGE**

**Note:** If beneficiary change is due to death or divorce of spouse, proof of event must be provided.

I designate the following as my beneficiary to receive any benefits that may become payable under the Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations.

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If benefits are to be paid to a minor, the Plan Administrator, at his discretion, may make such benefits payable to a legal guardian or if none, to a parent with whom the minor resides.)

**Optional Designation:** I designate the following as contingent beneficiary in case of my primary beneficiary's death, to receive any benefits that may become payable under the Christian School Pension Plan in the event of my death. I revoke all previous beneficiary designations.

Contingent Beneficiary: \_\_\_\_\_

Name Soc. Sec. No. Relationship

Address: \_\_\_\_\_

Street City State Zip

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPOUSE CONSENT**

If you are married and wish to designate someone other than your spouse as your beneficiary, our spouse must give written notarized consent to the beneficiary of your choice.

As the spouse of the above-named employee, I consent to the beneficiary designation listed above. I understand that under this designation no death benefits will be paid to me from this Plan.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(STAMP SEAL HERE)