

SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION

MONEY PURCHASE PARTICIPANT INFORMATION CHANGE FORM

Name of Participant: _____ **Certificate Number:** _____
(as on file)
Name of Employer: _____ **Employer Number:** _____

A. CHANGE IN NAME

The Name of the Participant is hereby changed:

From: _____ To: _____

B. CHANGE IN MARITAL STATUS

The marital status of the Participant has been changed to:

Single Married – Complete Section A (Name) if applicable
Spouse's Name: _____ Birth Date: _____
Spouse's Social Security Number: _____

If the Participant's marital status is being changed to "Married", all previous beneficiary designations are now revoked and THE SPOUSE LISTED ABOVE IS AUTOMATICALLY THE PRIMARY BENEFICIARY unless and until he/she waives such right and agrees to a new beneficiary designation.

If the Participant's marital status is being changed to "Single", a copy of the Participant's final divorce decree or the spouse's death certificate must be submitted with this form and a new beneficiary should be designated on Form MP-3, Part E.

C. CORRECTION IN PARTICIPANT'S BIRTH, SOCIAL SECURITY NUMBER, HIRE, AND/OR PARTICIPANT DATE

Birth Date is hereby changed:

From: _____ To: _____

Social Security Number changed:

From: _____ To: _____

Hire Date is changed:

From: _____ To: _____

(See **D** if years of service change)

Participation Date is hereby changed

From: _____ To: _____

D. THE PARTICIPANT'S CREDITED YEARS OF SERVICE (with the current Employer only) should be changed

From: _____ Years of Service To: _____ Years of Service
(A full explanation for the change, signed by a bank officer, must be attached)

Hereby Certify that the information provided on this change form is accurate and may be relied upon by SBERA.

Date: _____

Signature of Participant: _____

SBERA Use Only
Rec'd. _____
Entered: _____
By: _____

Signature of Bank Officer/Title: _____
(Plan Representative)