

BENEFICIARY TRANSFER/SPLIT FORM

If assets need to be transfers to a participants beneficiary(ies) please complete:

1. Participant Information

2. Beneficiary(ies) Information

3. Plan Administrator Authorization

Fax the completed form to 816-218-0424.

PARTICIPANT INFORMATION

Plan Name _____ Plan ID _____

First Name and Middle Initial _____ Last Name _____

Social Security Number _____ Daytime Phone Number _____

Evening Phone Number _____

Address _____ City _____ State _____ ZIP _____

Date of Death ____/____/____

BENEFICIARY(IES) INFORMATION *(Share must equal 100%)*

If any or all beneficiary(ies) are taking distributions, this form must accompany a Beneficiary Distribution Request Form.

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Social Security Number _____ Date of Birth ____/____/____

Daytime Phone Number _____ Evening Phone Number _____

Share _____% Relationship to Participant (Spouse* or Non-Spouse*) _____

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Social Security Number _____ Date of Birth ____/____/____

Daytime Phone Number _____ Evening Phone Number _____

Share _____% Relationship to Participant (Spouse* or Non-Spouse*) _____

Beneficiary's First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Social Security Number _____ Date of Birth ____/____/____

Daytime Phone Number _____ Evening Phone Number _____

Share _____% Relationship to Participant (Spouse* or Non-Spouse*) _____

Check here if additional forms are attached ☐

*A spouse is any individual who is your spouse under federal law.