

SOUND HEALTH AND WELLNESS TRUST

201 Queen Anne Avenue N, Suite 100
Seattle, WA 98109
(800) 225-7620 ♦ (206) 282-4500

Beneficiary Change Form

1. Employee Name (Please Print)

Last First Middle Employee Birthdate _____

Single Employee Gender: _____ Male _____ Female
 Married Date Married _____
 Divorced Divorce Date _____ (please provide court documents for support and maintenance, if applicable)
 Widowed

2. Mailing Address

Number Street City State Zip

3. Social Security Number

Required Phone No. _____ Cell No. _____

LIFE INSURANCE BENEFICIARY INFORMATION

This is to certify that I hereby revoke all former beneficiary designations, if any, and name the following as beneficiary for any death benefits payable under the Sound Health and Wellness Trust:

Beneficiary Name: _____
Last Name First Name Middle Initial %

Date of Birth: _____ Social Security Number: _____ Relationship: _____

Beneficiary Name: _____
Last Name First Name Middle Initial %

Date of Birth: _____ Social Security Number: _____ Relationship: _____

Beneficiary Name: _____
Last Name First Name Middle Initial %

Date of Birth: _____ Social Security Number: _____ Relationship: _____

Consent of spouse if beneficiary listed above is other than spouse and you are legally married:

Spouse's Signature: _____

Employee Signature X _____ Date _____ / _____ 20 _____