

# SOUND HEALTH AND WELLNESS TRUST

11724 NE 195th Street, Suite 300  
Bothell, WA 98011-3145  
(800) 225-7620 ♦ (206) 282-4500

## Beneficiary Change Form

1. Employee Name (Please Print)

\_\_\_\_\_ Employee Birthdate \_\_\_\_\_  
Last First Middle

Single Employee Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Married Date Married \_\_\_\_\_

Divorced Divorce Date \_\_\_\_\_ (please provide court documents for support and maintenance, if applicable)

Widowed Death Date \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

Number Street City State Zip

3. Social Security Number \_\_\_\_\_

Required

Phone No. \_\_\_\_\_

Cell No. \_\_\_\_\_

<b>BENEFICIARY OF DEATH BENEFIT (LIFE INSURANCE) (List additional beneficiaries on a separate sheet)</b>					
<b>Total of % amounts must equal 100%</b>					
<b>Any entries will revoke all former beneficiary designations, if any, and the individuals below will be named as beneficiaries for any death benefits payable under the Sound Health &amp; Wellness Trust Plan. If you need to designate more beneficiaries, please contact the Trust Office.</b>					
<b>Trust policy requires that spousal consent be given when a non-spouse is designated as a life insurance beneficiary. If you designate a non-spouse beneficiary, your spouse must give consent below.</b>					
Beneficiary's Last Name	First Name	Initial	Relationship	Social Security # or Tax ID #	% of benefit
_____	_____	_____	_____	____-____-_____	_____
Beneficiary's Last Name	First Name	Initial	Relationship	Social Security # or Tax ID #	% of benefit
_____	_____	_____	_____	____-____-_____	_____
<b>SPOUSE'S CONSENT OF LIFE INSURANCE BENEFICIARY:</b> By my signature below, I certify that I am legally married to the participant and authorize the life insurance beneficiary designation.					
<b>X</b>	<i>Spouse Signature</i>				<b>Date:</b>

<b>PARTICIPANT SIGNATURE (PLEASE READ AND SIGN BELOW)</b>	
<b>FRAUD NOTICE:</b> I understand that I may be subject to civil and/or criminal penalties for committing a fraudulent insurance act if I knowingly provide any materially false information to, or conceal any material facts from, the Trust with the intent to defraud or mislead the Trust.	
I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge, and I agree to the provisions stated above on this form, which I/we have fully read and understand.	
<b>X</b>	<i>Participant's Signature</i>
<b>Date:</b>	

**This form will not be accepted if it is not signed and dated.**