APPLE Retirement Program
MidAmerica Administrative Solutions

(ACCUMULATION PROGRAM FOR PART-TIME AND LIMITED SERVICE EMPLOYEES)

Beneficiary Designation or Participant Data Change Form – **APPLE PLAN**

Please complete this form if you would like to designate your beneficiary.
Otherwise, your beneficiary will automatically be your spouse if you are married, or your estate if you are not married.

Your Employer: _____

CHECK ONE:
☐ Beneficiary Designation or Beneficiary Change ☐ Address Change ☐ Name Change

1. PARTICIPANT INFORMATION: *This section must be completed.*

Employee Name (Last, First, Middle) _____ Male ☐ Female ☐

Home Address _____ City _____ State _____ Zip _____

Social Security #_____ Date of Birth _____ Home Phone _____ Work Phone _____

2. BENEFICIARY DESIGNATION: *This section must be completed to change beneficiary.*

I am married and designate the following person(s) to receive death benefits from the Plan.

Primary Beneficiary Name*:_____ Relationship: _____

Address: _____ Date of Birth: ____ SS#:_____

Contingent Beneficiary Name:_____ Relationship:_____

Address: _____ Date of Birth: ____ SS#:_____

SPOUSAL CONSENT

I CONSENT TO THIS DESIGNATION THAT ELIMINATES ALL OR PART OF THE BENEFITS OTHERWISE PAYABLE TO ME FROM THE PLAN IF MY SPOUSE DIES.

_____ _____ _____
Spouse Consent Signature Date Notary Public or Employer

3. NAME CHANGE:

From: _____ To: _____

Reason for Change: ☐ Marriage ☐ Divorce ☐ Other:

4. SIGNATURES: *This section must be completed.*

Participant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

EMPLOYEE -- Forward this form to: MidAmerica Administrative Solutions, 211 East Main Street, Suite 100, Lakeland, FL 33801
Or fax to: 863-686-9727