

403(b) Program Beneficiary Designation Form

1. EMPLOYEE INFORMATION (Please complete all sections.)			
Employee Name		Social Security Number	
Street Address	Daytime Phone	Date of Hire	
City	State	Zip Code	Date of Birth

2. DESIGNATION OF BENEFICIARY

Please check here if this is a change to an existing beneficiary designation.

I hereby designate the following individual(s) as my beneficiary (ies) and request that in the event of my death, my 403(b) Program account be distributed as indicated below. I hereby revoke all previous beneficiary designations. (Attach additional sheets if necessary.)

Primary Beneficiary(ies)

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

Secondary Beneficiary(ies)

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

3. EMPLOYEE AUTHORIZATION

Employee Signature

Date

Send Completed form to: USI Consulting Group
 Attn: Touchstone Investments Service Team
 95 Glastonbury Blvd., Suite 102
 Glastonbury, CT 06033-6503
 Phone: (866) 305-8846, Plan Code 241
 Fax: (610) 537-2708