

## CIVIL SERVICE BAR ASSOCIATION – ANNUITY FUND

 NEW

 CHANGE

HIRE DATE \_\_\_\_\_

### PLEASE PRINT

Employee Social Security Number	Sex	Employee Birthdate	Marital Status	Employment Date
Employee Name (Last, First, M)			Employer Name	
Home Address				
City	State	Zip Code	Phone Number	
Spouse Name (Last, First, M)		Spouse Social Security Number		Spouse Birthdate

### ANNUITY BENEFICIARY INFORMATION

Name of Beneficiary (Last, First, M)	Relationship	Date of Birth	
Home Address			
City	State	Zip Code	Phone Number

IF YOU HAVE MORE THAN ONE BENEFICIARY, LIST NAMES, ADDRESS AND RELATIONSHIPS ON A SEPARATE SHEET OF PAPER, DATE AND SIGN AND ATTACH TO ENROLLMENT FORM. PLEASE NOTE THAT YOU MAY CHANGE YOUR BENEFICIARIES AT ANY TIME BY WRITTEN NOTICES TO THE COMPANY.

IF YOU ARE MARRIED AND YOU HAVE NOT ELECTED YOUR SPOUSE AS BENEFICIARY FOR YOUR ANNUITY BENEFITS, PLEASE HAVE YOUR SPOUSE PROVIDE CONSENT BELOW.

SPOUSAL CONSENT: I UNDERSTAND I HAVE A LEGAL RIGHT TO A DEATH BENEFIT EQUAL TO THE PARTICIPANT'S ENTIRE ACCOUNT BALANCE. I CONSENT TO WAIVE THAT LEGAL RIGHT IN ACCORDANCE WITH THE BENEFICIARY DESIGNATION SET FORTH ABOVE. I ACKNOWLEDGE THAT I HAVE A RIGHT TO LIMIT MY CONSENT ONLY TO A SPECIFIC BENEFICIARY AND THAT I VOLUNTARILY ELECT TO RELINQUISH SUCH RIGHT. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT IF I SIGN THIS FORM, NO DEATH BENEFIT WILL BE PAYABLE TO ME EXCEPT AS PROVIDED ABOVE.

SPOUSE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_