

Use black or blue ink when completing this form. For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-866-467-7756.

Cooperative Baptist Fellowship 403(b)(9) Plan

93408-01

A Participant Information (Provide Name, Social Security Number and Date of Birth as it currently appears on the account)

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____

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U.S Social Security/U.S Taxpayer Identification Number
(Must provide all 9 digits)

Last Name _____ First Name _____ M.I. _____ Date of Birth _____ / ____ / ____
(The name provided MUST match the name on file with Service Provider.)

I have a retirement savings account with a previous employer or an IRA. Yes or No

I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # _____ - _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to my Plan's provisions.

B Name Change (Attach a copy of birth certificate, divorce decree, marriage certificate, military ID, passport or court order)

Last Name _____ First Name _____ M.I. _____

Address Change (Required for my signature to be notarized or witnessed in the section below.)

- If I am still employed with the employer/company sponsoring this Plan, I must contact them to update my address.

Street Address _____ City/State/Zip Code _____

Contact Information Change

(____) _____ (____) _____ _____
Daytime Phone Number Alternate Phone Number Email Address

Personal Information Change

Date of Birth _____ / ____ / ____ (Attach a copy of Birth Certificate, Military ID, Passport or Driver's License)

Change of Status: Married Unmarried Female Male

Social Security Number Change (If I am still employed, I must obtain approval from my Employer)

Social Security Number _____ (Attach a signed copy of Social Security Card)

