

Use black or blue ink when completing this form. For questions regarding this form, visit the website at [empowermyretirement.com](http://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)

