

# Participant Change Form



SMA Services Inc. 3500 Blue Lake Drive Suite 360 Birmingham, Alabama 35243 800-423-4992

## Participant Information

Participant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Contract Number: \_\_\_\_\_

## Change of Address

### Previous Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### New Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Change of Participant Name\*

Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

\*Please complete an updated beneficiary form.

## Change of Payment Status

Participant will  cease /  resume making contributions on the following effective date: \_\_\_\_\_

## Change of Contribution

Effective \_\_\_\_\_, future contributions should be deducted by my Employer as follows:

Type of Contribution	Change to the Following Per Payroll:
Pre-Tax Elective Deferrals	% OR \$
Roth After-Tax Deferrals <i>(If applicable)</i>	% OR \$

**X** \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Signature of Plan Administrator or Trustee

\_\_\_\_\_  
Date

## Please send completed form to:

Retirement Plans Division of Ameritas  
P. O. Box 385017 / Birmingham, AL 35238-5017  
RPContakt@ameritas.com  
Toll Free: 800-745-9995 / Fax: 402-467-7952