



HAROLD DANCE INVESTMENTS

Financial Advisors Since 1959

This form is used to change the beneficiary designations on a 457 plan account administered by Harold Dance Investments. Additional paperwork may be required for certain types of 457 accounts.

For questions regarding this form, to request a different form, or to discuss other aspects of the 457 plan, please contact Harold Dance Investments.

Phone:
435-752-8484

Toll Free:
800-327-5400

Please return the completed form via mail or fax.

Mail:
Harold Dance Investments
360 N. Main St.
Logan UT 84321

Fax:
435-752-8487

457 Beneficiary Change Form

I. Participant Information

Participant Name: _____		SSN: _____
Telephone Number: _____		Birth Date: _____
Address: _____		
City: _____	State: _____	Zip: _____

II. Account Information

457 Plan Employer: _____	
Investment Company: _____	Account Number: _____

III. Beneficiary Designations

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent: _____
Name: _____	SSN: _____
Relation: _____	Birth Date: _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent: _____
Name: _____	SSN: _____
Relation: _____	Birth Date: _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent: _____
Name: _____	SSN: _____
Relation: _____	Birth Date: _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent: _____
Name: _____	SSN: _____
Relation: _____	Birth Date: _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent: _____
Name: _____	SSN: _____
Relation: _____	Birth Date: _____

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent: _____
Name: _____	SSN: _____
Relation: _____	Birth Date: _____

IV. Comments

V. Signature

EMPLOYEE Signature: _____	Date: _____
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