

**Army NAF 401(k) Plan
Portability Beneficiary Change Form**

Portee Name: _____
Portee SSN: _____
Portee Address: _____

Portee Telephone Number: _____

I wish to name the person(s) below as beneficiary(ies) of my Army NAF 401(k) Plan contributions, if there are contributions still remaining. (Please remember that the percentages must total 100% if you are naming multiple beneficiaries.)

Primary Beneficiary:

1. Name: _____ Date of Birth: _____
SSN: _____ Relationship: _____ (ie: sibling, spouse, friend)
Address: _____
Phone Number: _____ Percentage of Benefit _____ %
2. Name: _____ Date of Birth: _____
SSN: _____ Relationship: _____ (ie: sibling, spouse, friend)
Address: _____
Phone Number: _____ Percentage of Benefit _____ %
3. Name: _____ Date of Birth: _____
SSN: _____ Relationship: _____ (ie: sibling, spouse, friend)
Address: _____
Phone Number: _____ Percentage of Benefit _____ %

In the event that none of your primary beneficiaries are living at the time of your death, please name a secondary beneficiary(ies). (Please remember that the percentages must total 100% if you are naming multiple beneficiaries.)

Secondary Beneficiary:

1. Name: _____ Date of Birth: _____
SSN: _____ Relationship: _____ (ie: sibling, spouse, friend)
Address: _____
Phone Number: _____ Percentage of Benefit _____ %
2. Name: _____ Date of Birth: _____
SSN: _____ Relationship: _____ (ie: sibling, spouse, friend)
Address: _____
Phone Number: _____ Percentage of Benefit _____ %
3. Name: _____ Date of Birth: _____
SSN: _____ Relationship: _____ (ie: sibling, spouse, friend)
Address: _____
Phone Number: _____ Percentage of Benefit _____ %

Print Portee Name: _____ SSN: _____

Signature of Portee: _____ Date: _____

In order to honor this beneficiary designation, it must be signed and dated. Please return form to:

Army NAF Employee Benefits Office, PO Box 340309, Ft. Sam Houston, TX 78234