## **SERVANT SOLUTIONS**

P. O. Box 2559 • Anderson, IN 46018 Phone 800-844-8983 • Fax 765-642-3942

## **FACT SHEET**

Dear Member:

Member's name

A review of the data files maintained by Servant Solutions for your retirement account indicates that some or all of the following information is missing from your file. Please complete this form (print and write legibly) and return via fax or our secure document upload portal. Thank you.

**Social Security Number** 

Member's address _			
Name of spouse	uso.		of snouse
Date of birth of spo	use	_ Social Security Number	of spouse
If divorced (or curre	ently married but previously o	divorced):	
Former spouse's na	me		
Date of divorce			
Was there a property settlement agreement to divide (i.e. transfer a portion or all) your Servant Solutions Retirement Plan account?			
If spouse is decease		stic Relations Ofder to S	ervant solutions at the earnest possible time.
			Date of death
Please go online to <u>servantsolutions.org/beneficiary-form</u> to complete an updated beneficiary form to reflect these reported life changes.  If you have questions, call 800-844-8983 or 765-642-3880. Again, thank you.			
Member's Signature	e		Date