

Designation of Beneficiary Form

Instructions

Your Employer will retain this form. Please submit any future changes directly to your Employer.

Employer/Plan Information

EMPLOYER/PLAN NAME _____ CONTRACT/CASE NUMBER _____

Employee Information

EMPLOYEE NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ DATE OF HIRE _____

Current Marital Status

- I Am Not Married.** I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married.** I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate a Primary Beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

Designation of Beneficiary(ies)

The following individual(s) will be my beneficiary(ies). *Please check Primary or Contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary.* If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro-rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my Qualified Plan balance.

- Primary
- Contingent

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ DATE OF BIRTH _____ SHARE % _____

ADDRESS _____ RELATIONSHIP _____

- Primary
- Contingent

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ DATE OF BIRTH _____ SHARE % _____

ADDRESS _____ RELATIONSHIP _____

- Primary
- Contingent

NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ DATE OF BIRTH _____ SHARE % _____

ADDRESS

RELATIONSHIP

Designation of Beneficiary Form

If the beneficiary is a Trust, complete the following:

Primary Contingent

NAME OF TRUST _____ DATE OF TRUST _____

NAME OF TRUSTEE _____

ADDRESS _____ CITY, STATE, ZIP _____

Consent of Spouse

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

If Non-Spouse Beneficiary (ies) are named as Primary Beneficiaries.

PARTICIPANT'S SPOUSE SIGNATURE _____ DATE _____

Witness of Spouse's Consent

WITNESS: Notary Public (Applies to either or both elections.)

Subscribed and sworn to before me on this _____ day of _____, 20_____

The signature of the spouse must be witnessed by a notary public.

SIGNATURE _____

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filling out a new Designation of Beneficiary form. A new Designation of Beneficiary will supersede all prior designations.

EMPLOYEE SIGNATURE _____ DATE _____

Please keep a copy of this form for your records and return the original to your Employer.