

# BENEFICIARY DESIGNATION FORM

Plan Name: \_\_\_\_\_

Plan Number: \_\_\_\_\_

This form is used to designate the payment of your account balance upon your death. Please keep a copy of this beneficiary form and return the original to your employer.

## SECTION 1: PARTICIPANT INFORMATION

\_\_\_\_\_  
Type or print your full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

Marital Status:  Single  Married  Divorced  Widowed

Type of Designation:  New  Change

## SECTION 2: DESIGNATE YOUR PRIMARY BENEFICIARIES

If you are legally married and have chosen a Primary Beneficiary other than your spouse, you must also complete Section Five. Be sure percentages for primary beneficiaries as well as contingent beneficiaries each total 100%. If additional beneficiaries need to be designated, please attach a separate form and mark the box below.

FIRST PRIMARY BENEFICIARY:

\_\_\_\_\_  
Type or print Payee full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (number and street or rural route)

\_\_\_\_\_  
Relationship Percent

\_\_\_\_\_  
City, State and Zip Code:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

SECOND PRIMARY BENEFICIARY:

*Additional beneficiaries attached on separate page*

\_\_\_\_\_  
Type or print Payee full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (number and street or rural route)

\_\_\_\_\_  
Relationship Percent

\_\_\_\_\_  
City, State and Zip Code:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

## SECTION 3: DESIGNATE YOUR CONTINGENT BENEFICIARIES

A Contingent Beneficiary will receive a death benefit only if no primary beneficiary is living.

FIRST CONTINGENT BENEFICIARY:

\_\_\_\_\_  
Type or print Payee full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (number and street or rural route)

\_\_\_\_\_  
Relationship Percent

\_\_\_\_\_  
City, State and Zip Code:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

SECOND CONTINGENT BENEFICIARY:

*Additional beneficiaries attached on separate page*

\_\_\_\_\_  
Type or print Payee full Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address (number and street or rural route)

\_\_\_\_\_  
Relationship Percent

\_\_\_\_\_  
City, State and Zip Code:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Participant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**SECTION 4: PARTICIPANT AUTHORIZATION**

As a participant in the Plan I do hereby revoke any previous beneficiary designations and specify the above named person(s) as my beneficiary(ies).

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Witnessed by Plan Sponsor or Notary

\_\_\_\_\_  
Dated

**SECTION 5: SPOUSAL CONSENT**

If you are married your spouse must be the sole Primary Beneficiary of your account, unless he/she consents otherwise by signing the waiver below.

**WAIVER OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY**

I hereby consent to the foregoing beneficiary designation by my spouse. Further, I acknowledge that my spouse's designation of another primary beneficiary in lieu of or in addition to me will cause some or all of my spouse's vested account balance to be paid to a beneficiary other than me. I understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.

[ ] N/A – I am not married.

\_\_\_\_\_  
Spousal Signature\*\*

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Witnessed by Plan Sponsor or Notary

\_\_\_\_\_  
Dated