

(enter Plan Name)

**BENEFICIARY DESIGNATION FORM**

EMPLOYEE INFORMATION (Please complete all Sections and Sign and Date where noted)

PARTICIPANT NAME (Please print) \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MARITAL STATUS:  MARRIED  SINGLE

**BENEFICIARY DESIGNATION**

Note: If you are married, your primary beneficiary for your entire benefit under the Plan is automatically your spouse unless your spouse consents to your designation of a non-spouse beneficiary. If Spousal consent is required, it must be witnessed by a Plan Representative or a Notary Public.

**PRIMARY BENEFICIARY:**

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Percentage: \_\_\_\_\_%

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Percentage: \_\_\_\_\_%

**SECONDARY BENEFICIARY:**

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Percentage: \_\_\_\_\_%

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to Employee: \_\_\_\_\_  
Percentage: \_\_\_\_\_%

If you wish to name additional primary or secondary beneficiary(ies), please list information on a separate sheet and attach to this Form. In the event you name more than one primary beneficiary, your secondary beneficiary(ies) will be entitled to a benefit only if each of your primary beneficiaries dies before you. If no percentage is specified, the distribution will be made in equal amounts to each surviving primary beneficiary, or if none, to each surviving secondary beneficiary.

**PRE-RETIREMENT SURVIVOR ANNUITY NOTICE**

If you are married at the time of your death, your entire vested account balance is required to be paid to your spouse in the form of a Qualified Pre-Retirement Survivor Annuity (QPSA), unless your spouse elects a different form of benefit at that time. This annuity will provide your spouse with a series of monthly payments over his/her lifetime. The amount of the payments will depend upon the value of your account balance and the current annuity rates being charged by the issuing insurance company at the time the annuity is actually purchased.

You may elect above, to designate a Primary Beneficiary other than your spouse or, keep your spouse as beneficiary and only elect to waive the QPSA benefit for your spouse. Your spouse must consent in writing on this form, to your waiver of the QPSA form of death benefit or designation of a non-spouse beneficiary. However, any such election made before you reach age 35 will become void the first day of the plan year in which you will reach age 35. You may then choose to re-elect a non-spouse beneficiary or only waive the QPSA benefit for your spouse. Your spouse must again consent in writing to the election.

You may revoke either election at any time. If you ever elect to name a new non-spouse beneficiary, your spouse must consent in writing to the new beneficiary designation.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. Inform your plan administrator (employer) of any changes in your marital status. A change in your marital status may require you to complete a new beneficiary form.

**EMPLOYEE SIGNATURE**

I hereby represent and certify that the above information furnished by me is true and correct. I agree to notify my Plan Administrator immediately in the event my marital status changes. If I am married, I acknowledge that I have read and understand the information provided about the Pre-Retirement Survivor Annuity.

I hereby revoke any prior elections and beneficiary designations I may have made.

Employee Signature ✓ \_\_\_\_\_ Date \_\_\_\_\_

**PRE-RETIREMENT SURVIVOR ANNUITY WAIVER (for married Participants only)**

I hereby affirmatively waive the requirement that my surviving spouse be paid any benefits that I may have in the Plan, at the time of my death, in the form of a Pre-Retirement Survivor Annuity unless he/she elects a different form of benefit at that time.

Employee Signature ✓ \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSAL CONSENT (Required only if you are married and chose a primary beneficiary other than your spouse or waived the Pre-Retirement Survivor Annuity)**

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_, the participant in the \_\_\_\_\_ (enter Plan Name). I acknowledge that I have read and understand the information provided on this form about the Pre-Retirement Survivor Annuity.

I understand that I have the right to receive a Pre-Retirement Survivor Annuity from \_\_\_\_\_ (enter Plan Name), if my spouse dies before he or she begins receiving retirement benefits. I also understand that if the vested portion of my spouse's account balance has never been greater than \$5,000, the Plan will pay the benefit to me in a single sum.

(Check One)

- I am waiving the right to receive a Pre-Retirement Survivor Annuity **only**. I understand that if my spouse dies before receiving retirement benefits, then I may elect from among the forms of distribution (other than the Pre-Retirement Survivor Annuity) available for surviving spouses of deceased participants.
- I am (1) waiving the right to receive a Pre-Retirement Survivor Annuity and (2) consenting to my spouse's designation of someone other than myself as beneficiary. By consenting to my spouse's designation, I may receive less money than I would have received if I had not signed this consent and I may receive nothing from the Plan after my spouse dies. I understand that my spouse cannot change the name of any beneficiary in the future unless I consent in writing to the change. I understand that I do not have to consent to my spouse's designation. My consent is voluntary, specific, and irrevocable by me. I understand that if I do not consent to my spouse's designation of beneficiary, then I will receive my spouse's entire vested account under the Plan in any one of the forms of distribution (including the Pre-Retirement Survivor Annuity) I select which is available for surviving spouses of deceased participants if my spouse dies before he or she begins to receive retirement benefits.

Being fully apprised of these facts, I hereby consent to the designation of a Primary Beneficiary other than myself, and/or to the waiver of the Qualified Pre-Retirement Survivor Annuity.

Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the individual whose signature appears above signed this Consent in my presence and established for my satisfaction that he/she is the spouse of the employee identified above.

Witness Signature \_\_\_\_\_  
(Notary Public or Plan Representative)

Commission Expires \_\_\_\_\_ Seal \_\_\_\_\_