

DESIGNATION OF BENEFICIARY FORM

This form is to designate your beneficiaries with respect to your retirement plan. This form will override any previous forms as long as it is filled in properly. Upon completion, please send this form to your employer's HR department.

Participant Information (Please print clearly and complete all fields)		
Plan Name		
Participant Name	Social Security Number	Date of Birth
Street Address		Daytime Phone Number
City, State, and Zip Code		Email Address

Designate your Beneficiary (ies)			
	<u>Name</u>	<u>Relationship to Participant</u>	<u>%</u>
Primary Beneficiary #1	_____	_____	_____
Primary Beneficiary #2	_____	_____	_____
Primary Beneficiary #3	_____	_____	_____
If none of the above named Primary Beneficiaries survive me, pay my account balance out to the following Secondary Beneficiary (ies) in equal portions (unless otherwise indicated):			
Secondary Beneficiary #1	_____	_____	_____
Secondary Beneficiary #2	_____	_____	_____
Secondary Beneficiary #3	_____	_____	_____
I understand the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the plan. I hereby acknowledge receipt of the Summary Plan Description (SPD) and agree to abide by all of the rules and regulations set forth in the plan. I hereby update my Designation of Beneficiary for death benefits to be paid under the plan.			
Participant Signature: _____		Date: _____	

Spousal Consent – Required Only if you are married and listing someone other than your spouse as Primary Beneficiary	
If you designate someone other than your spouse as beneficiary or designate someone in addition to your spouse as joint beneficiary, the following statement must be signed by your spouse and notarized.	
Consent of Spouse: As spouse, I have read and consent to the above designation of beneficiary (ies) and understand that I am waiving my right to be named as the sole Primary Beneficiary. I further understand and agree to the following result of my waiver:	
<input type="checkbox"/> No benefit from the Plan will be payable to me upon my spouse's death if I am not listed at all as a Primary Beneficiary	
<input type="checkbox"/> Only a partial benefit from the Plan will be payable to me upon my spouse's death in accordance with any joint beneficiary designation indicated above.	
Signature of Spouse: _____	Date: _____
Notary Public: _____	Date: _____
Seal:	

Return completed forms to your Employer