

# Beneficiary Designation Form

*Please Print All Information*

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

## SECTION A: NAME AND ADDRESS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	Orig. Hire Date _____
Social Security Number						

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SECTION B: BENEFICIARY DESIGNATION

**My present marital status:**  Single  Married

Current law requires that if you are married and the above primary beneficiary is someone other than your spouse, the following approval must be signed by your spouse and notarized. If your marital status changes, that may automatically change your beneficiary designation under the terms of the plan and you should file a new beneficiary form.

	Name	Relationship	
Primary	_____	_____	_____ %
Beneficiary(ies)	_____	_____	_____ %
	_____	_____	_____ %
	_____	_____	_____ %
			Must total 100%
Contingent	_____	_____	_____ %
Beneficiary(ies)	_____	_____	_____ %
	_____	_____	_____ %
	_____	_____	_____ %
			Must total 100%

If you have more than one primary beneficiary, your vested account balance will be divided as you specify. Should a beneficiary predecease you, his/her share of the assets will be reallocated proportionately to surviving primary beneficiaries. Contingent beneficiaries receive benefits only if there is no surviving primary beneficiary. Should a contingent beneficiary predecease you, their share of the assets will be reallocated proportionately to surviving contingent beneficiaries.

## SECTION C: SPOUSAL WAIVER

I consent to the beneficiary designation above: \_\_\_\_\_  
Signature of participant's spouse \_\_\_\_\_ Date \_\_\_\_\_

This instrument was signed before me on: \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_

Notary Public for \_\_\_\_\_ My commission expires \_\_\_\_\_

## SECTION D: PARTICIPANT AUTHORIZATION

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

Plan Administrator \_\_\_\_\_ Date \_\_\_\_\_