Participant Beneficiary Designation Form



Instructions for the Plan Participant

- 1. Complete the "Participant Marital Status" section of this form.
- 2. To designate a Beneficiary or Beneficiaries, complete the "Beneficiary Designation" section of this form.
- 3. Read, then complete the "Participant Signature" section of this form.
- 4. If you are married and have met any of the requirements necessary for spousal consent, have your spouse read, then complete the "Spousal Authorization" section of this form.
- 5. Keep a copy of the completed form with your other important records and return the original to your plan representative.

Information for Plan Participant

Beneficiary Designation For Married Participants

If you are married, federal law generally requires that plan benefits be paid to your spouse when you die. You and your spouse may elect to have the death benefits paid to someone else. Your spouse's consent to this election must be witnessed by a plan representative or by a Notary Public.

Trust Information

If your Beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary.

Participant Marital Status If you are married, federal law (and/or the terms of your plan) generally requires that death benefits from the plan be paid to your spouse when you die. ☐ Married. If you are married and have designated a Beneficiary other than, or in addition to, your spouse, your spouse's signature is required in order to complete your designation. Your spouse's consent must be witnessed by a plan representative or a Notary Public. ☐ Married but unable to locate my spouse. If you are married and cannot locate your spouse, your election must be witnessed by a plan representative or a Notary Public. Your plan representative may request evidence for the plan's records. ☐ Unmarried. Because your spouse would have certain rights to your death benefit, your Beneficiary designation becomes invalid if you are married at the time of your death, unless your spouse has consented in writing to your designations. You should immediately inform your plan representative of any change in your marital status.

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Participant Name:		•					
Pla	an Name:	Plan	Number:				
Rο	neficiary Designation						
ex Be	omplete this section to designate a Benefi ample, spouse, child, grandchild, etc.), So enefits are payable to the survivors withir less specified otherwise here. The rights	ocial Security Numb the highest class (of other Beneficiari	oer, and date of birt Primary, Secondary es shall terminate u	h. [,] or Tertiai ipon such	ry) in e	equal shares	
Th	e Beneficiary or Beneficiaries for the ben	efit payable at my o	death shall be as fo	llows:			
Pri	mary Beneficiary						
1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ 🗆	M 🗆 F	%
	ADDRESS	CITY, STATE, ZIP					
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ 🗆	M 🗆 F	%
	ADDRESS	CITY, STATE, ZIP					
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ 🗆	M ☐ F Designated	%
	ADDRESS	CITY, STA	ATE, ZIP		_	percentage(s) must total 100%	·
lf ı	naming a Trust:						
	FULL NAME OFTRUST	FULL NAME OFTRI	, ,			DATE OFTRUST	_
If I	no primary Beneficiary is living at the time	of your death, bene	fits will be paid to th	e second	class o	of Beneficiaries.	
Se	condary Beneficiary						
1.						м □ ғ	_%
	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB			
2.	ADDRESS	CITY, STATE, ZIP					0/
	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ ⊔	M 🗆 F	%
	ADDRESS	CITY, STATE, ZIP			_		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ 🗆	M F Designated	%
	ADDRESS	CITY, STA	ATE 7IP		_	percentage(s)	
lf ı	naming a Trust:	311, 317	312, 211			must total 100%	
	FULL NAME OFTRUST	FULL NAME OFTRI	USTEE(S)			DATE OFTRUST	
lf i	no secondary Beneficiary is living at the tim	e of your death, ben	efits will be paid to t	he tertiary	' class	of Beneficiaries.	
Te	rtiary Beneficiary						
	•					N4	0/
1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ ⊔	M 🗆 F	%
	ADDRESS	CITY, STA	ATE, ZIP		_		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_	M 🗆 F	%
	ADDRESS	CITY, STA	ATE, ZIP		_		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	_ 🗆	M F	%
	ADDRESS	CITY, STA			_	Designated percentage(s)	
lf ı	naming a Trust:	CITT, STA	71 L, 411			must total 100%	
	-	THE MARKE OF TO	LICTER(C)			DATE OFTEN OF	
	FULL NAME OFTRUST	FULL NAME OFTRI	OSIEE(S)			DATE OFTRUST	

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Participant Name:	Social Security Number:						
Plan Name:	Plan Number:						
Participant Signature							
By signing below, I hereby designate the Ben indicated is correct. In the event of my death, Beneficiary (or Beneficiaries), but acknowledge is invalid unless my spouse has consented in Notary Public.	, I authorize the plan representative to n ge that if spousal consent to my designa	nake distributions to the listed ation is required, such designation					
Participant's Printed Name	Participant's Signature	 Date					
Note: If you certified that you are married, bu witnessed by a plan representative or a Nota		, your election must be					
Witnessed by:							
Plan Representative's Signature	 Da	nte					
IF NOT WITNESSED BY PLAN REPRESENTAT	TVE, NOTARY PUBLIC MUST WITNESS.						
Subscribed and sworn before me this	day of	,					
Notary Public							
County of Residence:	My Commission Expires	8:					
Spousal Authorization							
I am the spouse of the plan participant named above and understand that my spouse is designating a Beneficiary other than, or in addition to, myself. I approve of and consent to the designation of all Beneficiaries listed in the "Beneficiary Designation" section. I understand that, but for this consent, should the participant die before his or her benefit commencement date under the plan, I would be entitled to receive the full death benefit. I have been provided with all information that I may have requested from the plan administrator as to the economic effect of my consent and as to whether I may revoke my consent. I understand fully the consequences of this action on my part and the loss of benefits that I may experience if I survive the participant. I have participated in the participant's decision to designate a Beneficiary other than me. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.							
I understand that, but for this consent, should the plan, I would be entitled to receive the ful have requested from the plan administrator a my consent. I understand fully the consequer experience if I survive the participant. I have I than me. I understand that if the plan gives me the right representative a written revocation of this consequence.	Il death benefit. I have been provided was to the economic effect of my consent nces of this action on my part and the loparticipated in the participant's decision to revoke this consent, that I may donsent prior to the death of my spouse.	enefit commencement date under vith all information that I may t and as to whether I may revoke oss of benefits that I may to designate a Beneficiary other so by delivering to the plan					
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