

# Beneficiary Designation/Change Form

Plan Name:		
Participant Name:		SSN:
Date of Birth:	Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated

## I. Designation of Beneficiary

Pursuant to the designation of a Beneficiary or Beneficiaries by a Plan Participant, I hereby designate the following as primary and contingent Beneficiaries of my Accumulated Benefits which will be paid by reason of my death under the provisions of the Plan. The Trustee shall pay all Accumulated Benefits under the Plan by reason of death to the primary Beneficiary(ies), and if no primary Beneficiary(ies) shall survive, then to the contingent Beneficiary(ies), and if no contingent Beneficiary(ies), survive(s), or are designated, then to the surviving spouse (if any) or to the estate of the Participant. If more than one Beneficiary is designated, such Beneficiaries share equally unless otherwise specified. The Trustee shall make payment in accordance with the most recent Beneficiary Designation/Change Form, which is on file with the Plan Sponsor.

Primary Beneficiary: <small>(Note: Percentage must be equal 100.)</small>			Additional Primary Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Contingent Beneficiary:			Additional Contingent Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code

If the primary Beneficiary of the Participant is a person other than the Participant's spouse, or if more than one primary Beneficiary is named, the spouse must indicate consent by completing Section II.

## II. Spouse's Consent

I hereby consent to the foregoing Beneficiary Designation of my spouse. Furthermore, I acknowledge that I understand that (1) the effect of my consent to this designation may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) my spouse's designations are not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the above Beneficiary Designation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Witnessed by Notary Public or Authorized Plan Representative

\_\_\_\_\_  
Spouse's Signature

## III. Participant Signature and Date

(Your signature must be witnessed. Your witness may be your spouse or any other person).

I reserve the right to revoke or change any beneficiary designation in the future. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries. **(Note: If you are married, see the above section for spousal consent requirements.)**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

*Please make copies of form if needed*