



# BENEFICIARY DESIGNATION

PLEASE TYPE OR PRINT

## PARTICIPANT INFORMATION

Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employee Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Marital Status \_\_\_\_\_

## BENEFICIARY DESIGNATION – must be whole percentages and total 100%

Primary Beneficiary(ies): (NOTE: If you are married at the date of your death, your spouse will automatically be your primary beneficiary unless the Spousal Waiver section below has been completed. If any designated primary beneficiary(ies) dies before you, that beneficiary’s share will be divided proportionately among the surviving primary beneficiaries.) If additional lines are needed, please include on a separate sheet with this form.

1. Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Address \_\_\_\_\_

Contingent Beneficiary(ies): (NOTE: To designate a contingent beneficiary, a primary beneficiary must be named. If no primary beneficiary survives you, your benefits will be paid to the following contingent beneficiary(ies) If any designated contingent beneficiary(ies) dies before you, that beneficiary’s share will be divided proportionately among the surviving contingent beneficiaries.) **Must be whole percentages and total 100%.**

1. Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Address \_\_\_\_\_

4. Name \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_ % \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Address \_\_\_\_\_

## SPOUSAL WAIVER – if applicable

I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named beneficiary(ies) specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse’s death benefit to be paid to a beneficiary other than me; (2) that such beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

\_\_\_\_\_  
(Spouse’s Signature/Date)

\_\_\_\_\_  
(Witness Signature/Date)

NOTARY: Affix seal here.

## SIGNATURE

By signing below, I acknowledge that I have completed this beneficiary designation form.

\_\_\_\_\_  
(Participant’s Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer’s Signature)

\_\_\_\_\_  
(Date)