

## DESIGNATION OF BENEFICIARY

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

Participant Name (printed): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status:  Married  Unmarried

Pursuant to the provisions of the Plan, I hereby designate the following person or persons as primary and contingent beneficiaries of my Account Balance under the Plan to be paid upon my death:

### Primary Beneficiary Designation (to specify someone other than your spouse, please see further instructions below)\*

_____ %	_____ Primary Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship
_____ % of Account Balance	_____ Primary Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship
_____ %	_____ Primary Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship
_____ % of Account Balance	_____ Primary Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship

### Contingent Beneficiary Designation\*

_____ %	_____ Contingent Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship
_____ % of Account Balance	_____ Contingent Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship
_____ %	_____ Contingent Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship
_____ % of Account Balance	_____ Contingent Beneficiary Name	_____ SS# (last 4 digits)	_____ Relationship

#### \*Notes to Participant:

- Spousal Consent.** This Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary or, under a prior beneficiary designation for this Plan only, your spouse waived the right to consent to any change in your beneficiary designation.
- Estate planning.** You may wish to consult with a professional tax advisor before completing this form.
- Effect of divorce.** A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless a qualified domestic relations order provides otherwise.
- Effect of marriage.** See below regarding spousal consent requirements if you are married and wish to name someone other than your spouse as your sole primary beneficiary. If you are unmarried at the time of your designation, your beneficiary designation will cease to be effective immediately upon your marriage unless you have designated your spouse as beneficiary.
- Trust beneficiary.** If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Plan Administrator will provide you or the trustee with the additional forms you must complete.

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Plan will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no such designated beneficiary survives me, then the Plan will pay all such amounts in accordance with the Plan terms. I understand that, unless I have provided otherwise above, the Plan will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

\_\_\_\_\_  
**Date of this Designation**

\_\_\_\_\_  
**Signature of Participant**

**IF YOU ARE MARRIED, SEE THE NEXT PAGE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.**

## Consent of Spouse to Non-Spouse Primary Beneficiary

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read and understand the Designation of Beneficiary. I understand the property subject to the Designation of Beneficiary is my spouse's account balance under the Plan. I also understand that if my spouse predeceases me, my spouse's entire account in the Plan will become my property unless I give my written consent below for the account to pass to another beneficiary. Being fully satisfied with the provisions of the Designation of Beneficiary, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I understand that my consent is irrevocable unless my spouse changes the Designation of Beneficiary. I understand that if my spouse later changes the Designation of Beneficiary to someone other than me (the spouse) as the sole primary beneficiary (*Spouse must choose one of (a) or (b) below*):

- (a)  **Additional consent required.** I must execute and file with the Plan Administrator a similar consent to any new Designation of Beneficiary or the Participant's new Designation of Beneficiary is ineffective and I will be the sole primary beneficiary.
  
- (b)  **No additional consent required.** I waive my right to withhold my consent to any and all future changes my spouse makes to the Designation of Beneficiary. I understand that I have the right to limit my consent to the naming of the specific beneficiary in this Designation of Beneficiary by choosing (a) above.

Full Name of Spouse (print)	Signature of Spouse*	Date
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***\*Spouse's signature must be notarized.***

**This area must be completed by a Notary Public**

In the State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

\_\_\_\_\_  
*Name(s) of principal(s)*

Date: \_\_\_\_\_

**(Official Seal)**

\_\_\_\_\_  
*Official Signature of Notary Public*

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My Commission expires: \_\_\_\_\_