

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

**DESIGNATION OF BENEFICIARY**

TO: Administrative Committee

PLAN PARTICIPANT: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

Any benefit payable with respect to me under the Plan upon my death shall be paid to the following person(s) to the extent as provided by the Plan, and I hereby revoke any prior designation.

**PRIMARY BENEFICIARY(IES):**

NAME & %: \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO PLAN PARTICIPANT: \_\_\_\_\_

(If Spouse) MARRIAGE DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINGENT BENEFICIARY(IES):**

NAME & %: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO PLAN PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Note: If you are currently married or if you later marry, your spouse will automatically become your primary beneficiary. If you do not want your spouse to be primary beneficiary, your spouse must agree in writing on page 2 of this Form to your designation of another person as primary beneficiary.***

This instrument shall become effective without further notice upon receipt by the Plan Administrator and is made subject to all of the terms and conditions of the Plan.

I understand that I have the right to revoke this designation prior to the time my benefit payments begin by submitting a new [Designation of Beneficiary] form to the Plan Administrator. Once my benefit payments have begun, any change of beneficiary will become effective only if permitted by the Plan.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Social Security Number

Marital Status: \_\_\_\_\_

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

\_\_\_\_\_  
Date

DESIGNATION OF BENEFICIARY

The following portion of this form is to be completed by the spouse if the spouse is not the participant's primary beneficiary to Plan Benefits. Complete either Part I or Part II below.

Part I

SPOUSE'S CONSENT: I understand that by signing this form I am not the designated beneficiary, and therefore, I may not be entitled to any benefits from the above referenced plan in the event of my spouse's death.

\_\_\_\_\_  
Witness (Plan Representative)

\_\_\_\_\_  
(Signature of Spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Part II

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me to be the person whose signature is subscribed to the foregoing Spouse's Consent who acknowledged that he/she executed the same for the purpose therein contained.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

Spouse's signature above must be witnessed by a Plan Representative or Notary Public.