



**BENEFICIARY DESIGNATION**

To the Trustee of \_\_\_\_\_ ("Plan"):

**Account Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Marital Status — Check one box  Married  Single

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Plan payable by reason of my death:

**Primary Beneficiary(ies):**

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

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Percentage: \_\_\_\_\_ Percentage: \_\_\_\_\_

Total (must equal 100%)

**Contingent Beneficiary(ies):**

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

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Percentage: \_\_\_\_\_ Percentage: \_\_\_\_\_

Total (must equal 100%)

**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 Trustee 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 named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee 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, COMPLETE THE REMAINDER OF THE FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.**

**Note:** The Beneficiary Designation is invalid without the consent of your spouse unless your spouse is the sole beneficiary or under a prior beneficiary designation, your spouse waived the right to consent to any change in the beneficiary designation.

**CONSENT OF SPOUSE**

I, the undersigned spouse of the Participant named in the foregoing "Beneficiary Designation," hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse's account balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

- (a) I understand I must file a similar consent to the new designation, or my consent is no longer effective.
- (b) I waive my right to withhold my consent to that change in designation. I understand I have the right to limit my consent to the specific beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent on \_\_\_\_\_.

\_\_\_\_\_  
Signature of spouse of participant

Signature of spouse witnessed on \_\_\_\_\_, in the presence of:

\_\_\_\_\_  
or \_\_\_\_\_, Plan Representative

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ { ss.

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_