

BENEFICIARY DESIGNATION FORM

Name of Participant: _____

Social Security Number: xxx-xx-_____

Employer Name: _____

I. DESIGNATION OF PRIMARY BENEFICIARY

If you are married, the law requires that you name your spouse as your Beneficiary to receive your interest in the Plan if you should die. If your spouse consents, or if you are not married, you may name someone other than your spouse as your Beneficiary.

Primary Beneficiary _____ Relationship _____

Address _____
Street City State Zip

Social Security Number _____ DOB _____ Phone _____ Percentage _____%

II. IF PRIMARY BENEFICIARY IS NOT YOUR SPOUSE, you must check line A or line B:

___ A. I do not currently have a spouse.

___ B. My spouse is not designated as my Primary Beneficiary to receive any death benefits payable under the Plan, but my spouse has consented to this Beneficiary Designation by executing this form below before a Notary Public.

III. COMPLETE THIS ONLY IF YOUR SPOUSE IS NOT YOUR PRIMARY BENEFICIARY.

Consent of Spouse

I, the undersigned, am the spouse of the Participant. I am aware that benefits from my spouse's retirement plan must be distributed as a Joint and Survivor Annuity unless I consent to a different form of distribution.

I hereby consent to allow my spouse to designate a beneficiary other than myself. I understand that as a result of this consent, I may not receive any benefits from the Plan upon the death of my spouse.

Spouse's Name (please print)

Spouse's Signature

Witness by Notary.

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above spouse's consent as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL)

Notary Public _____

My Commission expires: _____

IV. IF PRIMARY BENEFICIARY IS NOT LIVING AT THE TIME OF DEATH, I hereby designate the following Contingent Beneficiary to receive my interest in the Plan upon my death:

Contingent Beneficiary _____ **Relationship** _____

Address _____
Street City State Zip

Social Security Number _____ **DOB** _____ **Phone** _____ **Percentage** _____ %

Contingent Beneficiary _____ **Relationship** _____

Address _____
Street City State Zip

Social Security Number _____ **DOB** _____ **Phone** _____ **Percentage** _____ %

V. I UNDERSTAND IT IS MY RESPONSIBILITY TO FILE A NEW BENEFICIARY FORM IF THERE ARE ANY CHANGES IN MY CHOICE OR MARITAL STATUS.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

PRINTED NAME _____

MULTIPLE BENEFICIARY DESIGNATION FORM

If you wish to appoint additional Primary or Contingent Beneficiaries, please use this form. Please supply the address, Social Security Number, date of birth and present phone number for each named beneficiary (either primary or contingent) on the reverse side of this form.

Primary Beneficiary:

		% Must Total 100
1. _____	Relationship _____	_____ %
2. _____	Relationship _____	_____ %
3. _____	Relationship _____	_____ %
4. _____	Relationship _____	_____ %
.		

Contingent Beneficiary:

		% Must Total 100
1. _____	Relationship _____	_____ %
2. _____	Relationship _____	_____ %
3. _____	Relationship _____	_____ %
4. _____	Relationship _____	_____ %

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FILE A NEW BENEFICIARY FORM IF THERE ARE ANY CHANGES IN MY CHOICE OR MARITAL STATUS.

Date

Participant