

DESIGNATION / CHANGE OF BENEFICIARY

Name of Plan _____ Plan ID # _____
Name of Participant _____ SSN # _____
Address _____
City _____ State _____ ZIP _____ Phone # _____

Current Marital Status of Participant

- I Am Not Married** – I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married** – I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate someone else as my Primary Beneficiary other than my spouse on the space below if my spouse signs the section below entitled “Spousal Consent.”

Designation of Beneficiary(ies)

The following individual(s) shall be my beneficiary (ies). *Please check either primary or secondary for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary.* If any primary or secondary beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary (ies) shall acquire the designated share of my plan account balance.

Primary **Secondary** **Spouse** **Non-Spouse** Share _____%
Name of Beneficiary _____ SSN # _____
Address _____
City _____ State _____ ZIP _____ Date of Birth _____

Primary **Secondary** **Spouse** **Non-Spouse** Share _____%
Name of Beneficiary _____ SSN # _____
Address _____
City _____ State _____ ZIP _____ Date of Birth _____

Primary **Secondary** **Spouse** **Non-Spouse** Share _____%
Name of Beneficiary _____ SSN # _____
Address _____
City _____ State _____ ZIP _____ Date of Birth _____

Share % must equal 100% for all Primary Beneficiaries. Share % must equal 100% for all Secondary Beneficiaries.
Please attach additional forms if more space is needed.

Spousal Consent (If any Non-Spouse Beneficiary(ies) are named as Primary Beneficiary) and Witness

I am the spouse of the participant named above. I hereby consent to the Designation of Beneficiary. I understand that if anyone other than me is designated as a Primary Beneficiary, I waive any rights I may have to receive benefits under the plan when my spouse dies, by signing this consent. Spousal consent is not required, as I am not married.

Spouse Signature _____ Date _____ Notary Public or Plan Administrator Signature _____ Date _____

Participant Acknowledgement (Required)

I designate the above named as beneficiary (ies) of my Qualified Plan account.

Participant Signature _____ Date _____

Plan Administrator Acknowledgement (Required)

I acknowledge receipt of the beneficiary election designated on this form.

Plan Administrator Name (please print) _____ Plan Administrator Signature _____ Date _____