

# Designation of Beneficiary Form (Please return to your employer.)

Important: Do not use this form for a plan that requires that death benefits be paid in the form of a Qualified Pre-retirement Survivor Annuity (QPSA). If you are not certain that this form can be used with the Plan, please contact your Benefits Representative.

Name of plan \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Marital status (check)  Single  Married

**TO THE PARTICIPANT: IMPORTANT INFORMATION ABOUT YOUR DESIGNATION OF BENEFICIARY(IES).**

**If you are married:** Your spouse is the sole primary beneficiary of your entire death benefit, unless you file with your Employer a properly completed beneficiary designation and waiver. If you wish to name one or more beneficiaries other than your spouse, you must waive the right to the spousal benefit, designate your beneficiary(ies), and obtain the consent of your spouse to this waiver and beneficiary designation. Your spouse's consent must be indicated by your spouse's signature, which is either notarized or witnessed by an authorized Plan representative. In the event that your spouse cannot be located, has abandoned you, is legally incompetent to give consent, or you and your spouse are separated, your employer will require additional supporting documents to determine whether or not spousal consent must be obtained.

**If you are not married:** You may designate your beneficiary(ies) and sign where indicated. Should you get married, this beneficiary designation will no longer be valid and your spouse will become the sole primary beneficiary of your death benefit unless a properly completed beneficiary designation and waiver are filed with the employer as detailed above.

**For purposes of the Plan, the determination of whether you are married is made under Federal law.**

Note to participant: Should one of your primary beneficiaries predecease you, the Plan will allocate that beneficiary's benefit to your remaining primary beneficiaries pro rata according to the below designations.

**Primary beneficiary(ies)**

Name	SSN	Relationship	Address	Date of birth	% Share of proceeds
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

**Secondary beneficiary(ies)** (Applicable in the event there are no surviving Primary Beneficiaries.)

Name	SSN	Relationship	Address	Date of birth	% Share of proceeds
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

As a participant in the Plan named above, I hereby acknowledge that (1) I have been informed by the employer that, if I am married, 100% of my Plan's death benefit will be paid to my surviving spouse unless I waive this requirement and obtain the consent of my spouse to designate other beneficiary(ies); (2) I have the right to waive the designation of my spouse as the sole primary beneficiary only if my spouse consents in writing to this waiver; (3) any subsequent beneficiary designation I make in the future will require the consent of my spouse; and (4) if I am single, I can designate beneficiaries without consent but upon my marriage, my spouse will become sole primary beneficiary unless and until I designate a nonspousal beneficiary(ies), which designation will be invalid without the consent of my spouse. No designation shall be effective unless filed with and accepted by the employer. I also acknowledge that if more than one primary beneficiary has been designated, distributions from the Plan will be made in equal amounts, unless otherwise indicated, among those primary beneficiaries who survive the participant. If a designated primary beneficiary does not survive the participant, his share will be added to the share of each surviving primary beneficiary in the proportion that the share of each surviving primary beneficiary bears to the total shares of all surviving primary beneficiaries. If no primary beneficiary survives the participant, distribution will be made on the same basis to the designated secondary beneficiaries.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSAL CONSENT**

I hereby consent to the foregoing designation of beneficiary(ies) made by the participant, my spouse. In so doing, I acknowledge that my consent is irrevocable with respect to these beneficiaries and that my consent may result in the payment of the participant's death benefits, which would otherwise have been payable to me as the sole primary beneficiary if I survived the participant, to other beneficiaries. I also acknowledge my right to consent only to the designation of specific beneficiaries, and hereby exercise this right by consenting to the designation of those beneficiaries named by the participant above. Any subsequent designation of beneficiary(ies) by the participant during our marriage will therefore be invalid unless I consent to it.

Signature of spouse \_\_\_\_\_ Date \_\_\_\_\_

**WITNESS OF SPOUSAL CONSENT**

Spousal consent must be witnessed by a Notary Public or an Authorized Plan Representative.

Witnessed by a Notary Public  
Subscribed and sworn before me this

OR Witnessed by Authorized Plan Representative

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Authorized Plan Representative

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

State of \_\_\_\_\_

\_\_\_\_\_

Date

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

**EMPLOYER ACCEPTANCE**

As Employer, I hereby acknowledge my responsibility to review this Designation of Beneficiary form for consistency with the terms of the Plan and applicable law and regulations. I hereby accept this designation of beneficiary(ies) as being consistent with those terms, including the requirement to obtain the consent of the spouse to the designation of beneficiary(ies) if the participant is married.

Employer signature \_\_\_\_\_ Date \_\_\_\_\_

