

# Beneficiary Designation Form

NAME OF PLAN: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

| <u>Primary Beneficiary(ies)</u> | <u>Address</u> | <u>Relationship to Participant</u> | <u>% of Benefit</u> |
|---------------------------------|----------------|------------------------------------|---------------------|
| _____                           | _____          | _____                              | _____               |
| _____                           | _____          | _____                              | _____               |
| _____                           | _____          | _____                              | _____               |

| <u>Contingent Beneficiary(ies)</u> | <u>Address</u> | <u>Relationship to Participant</u> | <u>% of Benefit</u> |
|------------------------------------|----------------|------------------------------------|---------------------|
| _____                              | _____          | _____                              | _____               |
| _____                              | _____          | _____                              | _____               |
| _____                              | _____          | _____                              | _____               |

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
(Complete this section only if applicable)

As of the date of this signature, I hereby certify I am not currently married, and designate the person(s) above as my beneficiary(ies) in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry, and that my vested benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
(Complete this section only if applicable)

In accordance with the Retirement Equity Act, should you decide **not** to designate your spouse as the primary beneficiary, it is necessary for him or her to consent to such designation.

I hereby acknowledge that I am the legal spouse of the above mentioned employee and I understand that I have **not** been named as the primary beneficiary to any death benefits that would be due me under the aforementioned pension plan. I give my voluntary consent to this designation.

\_\_\_\_\_  
(Spouse's name - print)

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

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

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