

# PARTICIPANT BENEFICIARY DESIGNATION

PLAN NAME \_\_\_\_\_

(1) Participant Name: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(STREET & NUMBER)

(CITY)

(STATE)

(ZIP CODE)

(3) Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(CITY)

(STATE)

(4) Social Security Number: \_\_\_\_\_

(5) Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my marital status and designate the following beneficiary:

**(a) [ ] For Married Participants:**

I hereby certify that as of the date of this application the Primary Beneficiary designated below \_\_\_\_\_ IS MY SPOUSE \_\_\_\_\_ IS NOT MY SPOUSE .

If the Beneficiary IS NOT my spouse, I hereby elect that NO Survivor Annuity be payable in the event of my death prior to Normal Retirement Age. However, any regular death benefits provided by the Plan shall be paid to my named Beneficiaries.

I understand that I have the right to change my beneficiary designation at any time, and as often as may be required by my personal circumstances.

I also understand that I must inform the Plan Administrator of any change in my marital status.

**(b) [ ] For Unmarried Participants:**

I may designate the beneficiary of my choice. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Plan Administrator of any change in my marital status.

(6) Beneficiary for Death Benefits (use given name). If more than one primary beneficiary or more than one secondary beneficiary is named be sure to give the percentage each beneficiary is to receive.

Primary: \_\_\_\_\_  
(NAME) (RELATIONSHIP) (% OF DISTRIBUTION)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

Primary: \_\_\_\_\_  
(NAME) (RELATIONSHIP) (% OF DISTRIBUTION)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

(OVER)

Secondary: \_\_\_\_\_  
(NAME) (RELATIONSHIP) (% OF DISTRIBUTION)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

Secondary: \_\_\_\_\_  
(NAME) (RELATIONSHIP) (% OF DISTRIBUTION)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET & NUMBER) (CITY) (STATE) (ZIP CODE)

**NOTE:** If more than two primary or more than two secondary beneficiaries are named, please provide all of the essential information on a separate sheet and attach to this form.

**THE APPLICANT AGREES:**

That this application is made subject to all the terms and conditions of the plan, and the applicant agrees to be bound by the terms of the Plan or any modification thereof, including the Trust Agreement, and the rules and regulations of the Plan Administrator.

IN WITNESS WHEREOF, the applicant has, under penalty of perjury, signed this application this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
( APPLICANT'S SIGNATURE )

**NOTE: Consent of spouse (if any) is required if primary beneficiary is NOT the spouse.**

\_\_\_\_\_  
SPOUSE'S NAME (TYPE OR PRINT) SPOUSE'S SIGNATURE DATE EXECUTED

**WITNESSED** (Required if spouse must sign this form) :

Executed in presence of Plan Administrator this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_  
PLAN ADMINISTRATOR DATE

**OR**

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_  
before me, \_\_\_\_\_  
"NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"  
personally appeared \_\_\_\_\_  
[ ] personally known to me - **OR** - [ ] proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons or entity upon behalf of which the person(s) acted executed the instrument.  
**WITNESS** my hand and official seal.  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC