

# BENEFICIARY FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)

Plan Name: \_\_\_\_\_

<b>Your Info</b>	Please type or print clearly:	Social Security Number:
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last Name</span> <span>First Name</span> <span>M. I.</span> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>

**If this beneficiary designation form is not completed, either a prior designation or the plan document will govern the distribution of any death benefit.** No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

<b>Primary</b>	NAME:	DOB:	RELATIONSHIP:	SSN:	PERCENT:
	Primary 1: _____	_____	_____	_____	_____ %
	Primary 2: _____	_____	_____	_____	_____ %
	Primary 3: _____	_____	_____	_____	_____ %

<b>Contingent</b>	NAME:	DOB:	RELATIONSHIP:	SSN:	PERCENT:
	Contingent 1: _____	_____	_____	_____	_____ %
	Contingent 2: _____	_____	_____	_____	_____ %
	Contingent 3: _____	_____	_____	_____	_____ %

<b>Consent</b>	If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.	
	I consent to the beneficiary designation above: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Participant's Spouse</span> <span>Date</span> </div>	
	This instrument was signed before me on _____, <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Date</span> <span>Plan Representative or Notary Public</span> </div>	

<b>Sign</b>	I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.	
	_____ Participant	_____ Date