

Beneficiary Designation Form

BENEFORM

Use this form if you want to:

- add a primary or contingent beneficiary to your account
- change an existing primary or contingent beneficiary

If you do not complete, sign (including spouse signature, if required), and submit this form to the plan administrator, you will not have a valid beneficiary designation. If you do not have a valid *Beneficiary Designation Form* on file, the Plan document and applicable law will determine the designated beneficiary upon your death. Please refer to Beneficiary Designation Instructions on page 3 for more information about designating a beneficiary.

• **Married Participants** – If you want to designate a beneficiary other than your spouse, you must obtain spousal consent for that designation. If you divorce or become legally separated, please contact your Plan Administrator to determine whether the divorce or separation automatically results in removal of your former spouse, as beneficiary.

• **Unmarried Participants** – If you are unmarried at the time you complete this form and later marry, this form will no longer be valid because your spouse may have certain claims on your plan benefits under applicable law. At that time if you want to name someone other than your spouse as designated beneficiary, you will need to complete a new form and obtain spousal consent.

Note: If your plan's normal form of benefit is an annuity, please contact your Plan Administrator to obtain a copy of a Qualified Pre-Retirement Survivor Annuity Notice. If you are married, your spouse has survivor rights to your account that are important for you to understand before you complete this form. Refer to your plan's Summary Plan Description to determine the normal form of benefit.

Section A - Plan Information

Plan ID	Plan Name
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Section B - Participant Information

Social Security Number	Participant Name	Daytime Phone No.	
Legal Address	City	State	Zip Code
Marital Status: (select one) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Date of Hire		

Section C - Primary Beneficiary

I hereby name the following as my Primary Beneficiary(ies) to receive the Plan's death benefit upon my death:

Name, address and phone no. of Primary Beneficiary(ies)	SSN or Taxpayer ID No.	Date of Birth	Relationship	Whole Percent
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%

Note: If you intend to name a Trust or Child as a Beneficiary, please see the Instructions on page three (3) before completing this section. **Total 100%**

Section D - Contingent Beneficiary

In the event there is no living Primary Beneficiary (ies) upon my death, I hereby name the following as my Contingent Beneficiary (ies):

Name, address and phone no. of Primary Beneficiary(ies)	SSN or Taxpayer ID No.	Date of Birth	Relationship	Whole Percent
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	%

Section E - Participant Certification and Authorization (you must sign this section)

I, the participant, hereby instruct the Plan to distribute my death benefit to the designated beneficiary (ies) herein. I acknowledge that:

- If I am married, I must obtain spousal consent if all or a portion of my death benefit is to be paid to someone other than my spouse.
- **If the Plan's normal form of benefit is an annuity**, I have read the Qualified Pre-Retirement Survivor Annuity Notice and provided a properly executed waiver. If not, this designation is not valid.
- I reserve the right to revoke or change any beneficiary designation (with spousal approval, if required) by submitting a new form.
- This form supersedes any prior beneficiary designation and, if my beneficiary designation is valid under the Plan, identifies all current Primary and Contingent beneficiary (ies).
- I understand that if I do not provide a valid beneficiary designation, and the Plan does not provide for a default beneficiary, then my beneficiary will be my estate.

Participant's Signature

Date

Section F - Spousal Consent (complete only if the participant is married)

I certify that I am the spouse of the participant and I hereby voluntarily consent to the participant's (i.e., my spouse) beneficiary designation herein. I acknowledge that:

- If the Plan's normal form of benefit is an annuity, I have received and read the Qualified Pre-Retirement Survivor Annuity Notice.
- I understand the effect of such beneficiary designation is to cause my spouse's (i.e. the Participant) death benefit, or portion of it, to be paid to a beneficiary other than me.
- Each beneficiary designation is not valid unless I consent to it.
- My consent is irrevocable unless my spouse revokes or changes the beneficiary designation.

Participant Spouse's Signature

Date

Section G - Witness Certification and Signature (Plan Administrator or Notary completes)

I certify that the married participant's spouse personally appeared before me and acknowledged that she/he signed the Section F - Spousal Consent as her/his free act and deed.

If the plan administrator does not witness the spouse's signature, a Notary must witness it.

If witnessed by a Notary Public the Signature/Stamp must be also provided below for this form to be considered valid.

Signature of Witness (Plan Administrator or Notary Public)

Notary Public stamp here:

If signed by a Notary Public, please complete the following:

Sworn before me this day: _____

In the State of _____, County of _____

Commission Expiration Date: _____

Participants must submit this form to the Plan Administrator.

Beneficiary Designation Instructions

A beneficiary is a person, institution, charitable organization, or irrevocable or revocable trust named by you, the Plan participant, to receive payment of benefits provided under the Plan in the event of your death. You may designate more than one Primary Beneficiary who will share in the Plan's death benefit. You may also designate one or more Contingent Beneficiary(ies). A Contingent Beneficiary would receive payment only if the Primary Beneficiary(ies) you named were not able to receive payment at the time that payment was to be made.

The beneficiary designation should not include wording such as "either/or" or "and/or." Use only whole-number percentages equaling 100%. For example, designations such as 33 1/3 or 33.3 are not acceptable. If there is more than one designated beneficiary the percent payable under each category must add up to 100%. If multiple beneficiaries are named and no percentages are indicated, the beneficiaries will share equally.

Beneficiary Names: A married individual should be indicated by their full given name and not that of his/her spouse. For example: use Jane Doe and not Mrs. John Doe.

Multiple Beneficiaries: If you name more than one beneficiary in either the Primary or Contingent Beneficiary category, beneficiaries in the affected category will share equally unless you provide specific percentages.

Naming Your Estate: If you designate your estate as the beneficiary you must indicate on the beneficiary form "PAY TO THE ESTATE OF...". You should contact a tax or estate planner before designating your estate as your designated beneficiary.

Naming a Trust: If you designate a revocable or irrevocable trust as your beneficiary, please include the trust's name and address, the date the trust was created, the trustee's name and the trust's Tax Identification Number on the Beneficiary Designation Form. You may wish to provide a copy of the executed trust agreement to the Plan Administrator at the time of your designation. Please note there are special required distribution rules that apply to trusts under Treasury regulations §1.401(a) (9)-4. You should contact a tax or estate planner before designating a trust as your designated beneficiary.

Naming a Minor: If you designate a minor as your beneficiary, you must generally provide information about the appointed guardian (or custodian under the minor beneficiary's state Uniform Gift (or Transfer) to Minor Act) who will act on the behalf of the minor's property from the date of your death until the minor attains legal age. Provide the minor beneficiary's social security number. You cannot designate unborn children as beneficiaries. You should contact a tax or estate planner before designating a minor as your designated beneficiary.

No Beneficiary Designation: If you do not have a valid *Beneficiary Designation Form* on file, the Plan document will determine the designated beneficiary (ies) upon your death, and if the Plan document does not provide the beneficiary, your Plan benefit will be paid to your Estate.

If you would like to name more than four primary and four contingent beneficiaries, make a copy of page 1 and attach it to this form.

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