



# Beneficiary Designation Form

## Section 1: Participant Information

Plan Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Participant Name \_\_\_\_\_ SSN \_\_\_\_\_

## Section 2: Marital Status

Notice about marital status changes (for more details, please see your Summary Plan Description (SPD):

- Single ➤ If your status is currently **single** and you become married, your spouse will become your primary beneficiary unless you complete a new Beneficiary Designation Form and your spouse consents to your alternative beneficiary(ies).
- Married ➤ If your status is currently **married**, your spouse is your primary beneficiary, please provide your spouse's information in Section 3. If you would like to designate an alternative beneficiary, your spouse must complete Section #4: Consent of Spouse.

## Section 3: Designation of Beneficiary(ies)

The following individual(s) shall be my beneficiary(ies). If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan Balance.

Primary Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contingent SSN \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_

Primary Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contingent SSN \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_

Primary Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contingent SSN \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Share \_\_\_\_\_

## Section 4: Consent of Spouse

I, \_\_\_\_\_, acknowledge I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

\_\_\_\_\_  
Participant's Spouse Signature / Date

**Witness of Spouse's Consent** (the signature of the spouse must be witnessed by a notary public)

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Place Seal Here**

\_\_\_\_\_  
Notary Public Signature / Date

## Section 5: Required Signatures

\_\_\_\_\_  
Participant Signature / Date

\_\_\_\_\_  
Plan Sponsor Signature / Date