

Social Security number must be completed.

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## Beneficiary Designation

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designations current. **Submit this completed form to your plan administrator.**

### Beneficiary Designation:

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

**Primary Plan Beneficiary(ies)** - Will receive benefits in the event of your death.  
Percentages below must equal 100% for Primary Beneficiary(ies).

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)



**Contingent Plan Beneficiary(ies)** - Will receive benefits if no primary beneficiary is living at the time of your death.  
Percentages below must equal 100% for Contingent(Secondary) Beneficiary(ies), if any.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

**NOTE:** If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.

Participant Signature

Signed at [City and State]

Date

Participant Name - Please Print

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**Spousal Consent - This section must be completed if your spouse is *not* designated (100%) as Primary Beneficiary.**

I, spouse of \_\_\_\_\_, hereby consent to the designation of the beneficiary(ies) named on this form.

I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the preretirement survivor benefits with respect to that portion of the plan benefits payable to a beneficiary other than myself.

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Spouse Name	Spouse Signature	Date
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***Notary Public or Plan Representative Signature Required:***

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Signature	State	County
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