

# DESIGNATION OF BENEFICIARY FORM

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

Company Name: \_\_\_\_\_

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

**Important:** If you are married, your primary beneficiary under the Plan is *automatically* your spouse unless your spouse consents to your designation below of a non-spouse primary beneficiary. If spousal consent is required, *it must be witnessed by a plan representative or notary public.* Contact the Plan Administrator for further details.

## a) Primary Beneficiary

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name (Last, First, MI) Social Security Number Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Number and Street City or Town State ZIP Code

**(i) To Be Completed By All Non-Married Participants**

\_\_\_\_\_ I hereby represent and certify that I am not married.

**(ii) To Be Completed By Married Participants If Primary Beneficiary is Spouse**

\_\_\_\_\_ I hereby represent and certify that the sole primary beneficiary designated above is my spouse.

**(iii) To Be Completed For Spousal Consent to Non-Spouse Primary Beneficiary**

\_\_\_\_\_ I hereby consent to the designation by my spouse of the primary beneficiary identified above. I fully understand that by executing this consent, I am allowing the beneficiary identified above to be paid benefits that might otherwise be paid to me under the Plan upon my spouse's death.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Spouse's Name (Last, First, MI) Social Security Number Date of Birth

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

The foregoing "Spousal Consent" was witnessed by me this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Witness \_\_\_\_\_ Title: \_\_\_\_\_  
Plan Representative or Notary Public

## b) Secondary Beneficiary (If your primary Beneficiary predeceases you):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name (Last, First, MI) Social Security Number Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Number and Street City or Town State ZIP Code

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

Received by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.  
Plan Administrator