# BENEFICIARY DESIGNATION

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aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"
*Retirement Plan Name*
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## Section 1: PARTICIPANT INFORMATION"

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| Ncuv'Pco g" | Hktuv'Pco g | " O K |

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| Cff tguu'/'Pwo dgt'cpf 'Uvtggv" | " Ekv{" " " Uvcvg" " " \kr " |

Fcvg"qh'Dktyj <aaaaa laaaaa laaaaaaaaa"   " "

"   " EwttgpV'O ctkvcn'Ucvwu<" □ " Ukpi ng" □ " O cttkgf "   "

"   "

*"""" +"   *"""" +

Yqtm'Rj qpg"   " Jqo g'Rj qpg"

"

## Section 2: NOTICE OF SURVIVING SPOUSE'S BENEFIT"

"

Wpfgt"yj ku'Rncp."yj g'uwtxkxkpi "ur qwug'qh'c"f gegcugf "Rctvkekr cpv'ku'i gpgtcm{ "gpvkngf "vq'c "$uwtxkxkpi "ur qwug\u'dgpghkv$"gs wcn'vq'yj g'Rctvkekr cpv'u'xguvgf " ceeqwpv'dcncpeg'cv'yj g'ko g'qh'f gcyj 0'

"

Wpnguu'yj g'uwtxkxkpi "ur qwug\u'dgpghkv'ku'y ckxgf ."c"Rctvkekr cpv'o c{ 'pqv'f guki pcvg'cp'yj cv'cp 'r qtvkqp'qh'j ku'qt'j gt'xguvgf "ceeqwpv'dcncpeg'dg'r ckf "cu'c'f gcyj " dgpghkv'vq'c"dgpghkekct{ 'qt'dgpghkekctkgu'qyj gt'yj cp'j ku'qt'j gt'uwtxkxkpi "ur qwug0'Hqt'gzco r ng. 'kh'c"Rctvkekr cpv'f guki pcvgu'j ku'qt'j gt'r ctgpvu'cu'dgpghkekctkgu" cpf 'ncvgt'o cttkgu'dwv'f kgu'y kj qwv'j cxkpi 'ej cpi gf "j ku'j gt'dgpghkekct{ 'f guki pcvqp. 'yj g'gpvktg'xguvgf "ceeqwpv'dcncpeg'y km'dg'r ckf 'vq'yj g'uwtxkxkpi " ur qwug'tcyj gt'yj cp'yj g'f gegcugf "Rctvkekr cpv\u'r ctgpvu0'Uko knctn{. 'kh'c'o cttkgf "Rctvkekr cpv'f guki pcvgu'j cv'ku'qt'j gt'xguvgf "ceeqwpv'dcncpeg'dg'f kxkf gf "kp' gs wcn'uj ctgu'co qpi "yj g'uwtxkxkpi "ur qwug'cpf "yj gkt'yj tgg'ej knf tgp'dwv'yj g'uwtxkxkpi "ur qwug\u'dgpghkv'ku'pqv'y ckxgf ."yj g'uwtxkxkpi "ur qwug'o wuv'tgegkxg" yj g'gpvktg'xguvgf "ceeqwpv'dcncpeg0'

"

Vj g'uwtxkxkpi "ur qwug\u'dgpghkv'ecppqv'dg'y ckxgf "wpnguu'yj g'ur qwug'i kxgu'j ku'qt'j gt'y tkvgp"eqpugpv'*Ugevkqp'6'qh'yj ku'hqto +'qt'yj g'Rctvkekr cpv'egtvkhkgu" yj cv'j g'qt'uj g'f qgu'pqv'hncxg 'yj g'y j gtgcdqwvu'qh'yj g'ur qwug0'Vq'dgeqo g'ghhgevkxg.'yj ku'hqto 'o wuv'dg'r tqr gtn{ 'eqo r ngvgf 'cpf 'uwdo kvgf 'vq'yj g'Rncp' Cfo kpkuvtcvqt'cv'33772'Iqfkcp'Jknu'Tqcf. 'Uwkvg'483. 'O kuukqp'Jknu. 'EC; 35670'

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## Section 3: DESIGNATION OF BENEFICIARY/OPTIONAL WAIVER OF SURVIVING SPOUSE'S BENEFIT"

"

Cu'c'Rctvkekr cpv'kp'yj g'cdqxg'Rncp. 'Kj gtgd{ 'tgxqmg'cp'r tkqt'dgpghkekct{ 'f guki pcvqp'cpf 'f ktgev'yj cv'cp 'dgpghkvu'r c{ cdng'wr qp'o {'f gcyj 'dg'r ckf 'vq'yj g'hqmqy kpi " dgpghkekct{ lkdgpghkekctkgu0'Vj g'vqvcn'uj ctg'hqt'yj g'Rtko ct{ 'Dgpghkekctkgu'o wuv'gs wcn'322  'cpf 'yj g'vqvcn'uj ctg'hqt'yj g'Ugeqpf ct{ 'Dgpghkekctkgu. 'kh'cp{. 'o wuv'gs wcn'322  0'

"

RTKO CT[ 'DGPGHKEKCT[ '*KGU+<"

| Pco g'cpf " Uqekcn'Ugewtkv{ 'Pwo dgt" | Uj ctg" | Tgncvkqp" | Cff tguu" |
| --- | --- | --- | --- |
| " " | " " | " " | " " |
| " " | " " | " " | " " |

"

Kl'pqpg'qh'yj g'Rtko ct{ 'Dgpghkekctkgu'f guki pcvgf "cdqxg'uwtxkxg'o g. 'r c{ 'o {'uj ctl'dg'o cf g'vq'yj g'hqmqy kpi 'Ugeqpf ct{ 'Dgpghkekctkgu0'

"

UGEQPF CT[ 'DGPGHKEKCT[ '*KGU+<"

| Pco g'cpf " Uqekcn'Ugewtkv{ 'Pwo dgt" | Uj ctg" | Tgncvkqp" | Cff tguu" |
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Eqr {tki j v'Í '4224/4239"
I qtf gp'M'Rncpu.'Kpe0'

Unless otherwise specified above, if none of the beneficiaries designated above survive me, payment shall be made pursuant to the applicable provisions of the Plan.

(You must check A, B, C or D below):

[ ] A. I am not married. I understand that if I do marry, my surviving spouse will be entitled to my entire vested account balance unless I file a new Designation of Beneficiary with my spouse's written consent.

[ ] B. I am married, but Section 4 of this form is not completed because I have designated my spouse as the Primary Beneficiary of my entire vested account balance.

[ ] C. Subject to my spouse's written consent (Section 4 of this form), I have designated that all or part of my vested account balance be paid to one or more beneficiaries other than my spouse.

[ ] D. I am married, but I have designated that all or part of my vested account balance be paid to one or more beneficiaries other than my spouse. Section 4 of this form has not been completed because I do not know the whereabouts of my spouse. I agree to inform the Plan Administrator if I learn the location of my spouse.

Dated at _____, this ____ day of _____, 20___.
[City, State]

Witnessed by:

_____     _____
                                             Signature of Participant

                                             _____
                                             Name of Participant (print or type)

## Section 4: SPOUSE'S CONSENT

I am the spouse of the Participant identified above. I hereby consent to my spouse's designation of the beneficiary(ies) identified above. I further acknowledge my understanding that:

1.  My spouse's designation that all or part his or her vested account balance be paid to one or more beneficiaries other than myself is not valid unless I consent to it;

2.  I am waiving the right to be the sole Primary Beneficiary of my spouse's death benefit under the Plan; and

3.  My consent is irrevocable (check one of the following):

    [ ]  until my spouse changes his or her designation of beneficiary(ies). At that time, I must consent to any change in beneficiaries; or

    [ ]  even if my spouse changes his or her designation of beneficiary(ies). My spouse may change his or her beneficiaries without my consent.

Dated at _____, this ____ day of _____, 20___.
[City, State]

_____     _____
                                             Signature of Participant's Spouse

                                             _____
                                             Name of Participant's Spouse
                                             (print or type)

Witnessed by:
Notary Public, State of _____
My Commission (is permanent/expires)

_____   OR   _____
   Au                                   Authorized Representative of Plan Administrator