

Beneficiary Designation

NOTE	Send the original form to your Plan Administrator. Make a photocopy if you wish to retain a copy for your records. See instructions and conditions on reverse side before completing this form.		
Employee Identification	Plan Name	Social Security No.	Marital Status
	Employee Last Name	Employee First Name & Middle Initial	
Beneficiary Designation	Subject to the terms of the employer's plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under the employer's plan.		
Primary Beneficiary – If more than one is named, the beneficiaries share equally, unless otherwise stated.			
	Name/Addresses(s) <i>(Enter full given name of beneficiaries – Ex: Mary S. Smith not Mrs. John M. Smith).</i>	Relationship	Percent Share
			%
			%
			%
Secondary Beneficiary – If more than one is named, the beneficiaries share equally, unless otherwise stated.			
	Name/Addresses(s) <i>(Enter full given name of beneficiaries – Ex: Mary S. Smith not Mrs. John M. Smith).</i>	Relationship	Percent Share
			%
			%
			%
Certification <i>Complete the appropriate parts.</i>	A. Single Participant		
	<input type="checkbox"/> This is to certify that I am not married at the time I am making this beneficiary designation. I understand that if I later marry, I must submit a new designation naming my spouse as beneficiary, unless he or she agrees in writing to a different beneficiary.		
	Participant Signature		Date (mm/dd/yy)
	B. Married Participant		
	1. <input type="checkbox"/> I have named my spouse as sole/primary beneficiary.		
	2. <input type="checkbox"/> I have named someone other than my spouse as sole/primary beneficiary and my spouse agrees to such designation <i>(spouse must also sign below in the presence of a Notary Public or Plan Representative).</i>		
	Participant Signature		Date (mm/dd/yy)

<p>Spousal Agreement to Waive Benefit</p> <p><i>Required if block B.2 above has been checked.</i></p>	<p>This is to certify that I am the spouse of the above named participant and agree with the beneficiary designation. I understand that the above designation specifies the only person(s) who will receive any death benefits payable in the event of the death of the participant.</p>	
	<p>Spouses Signature</p>	<p>Date (mm/dd/yy)</p>
	<p>I certify that the above named spouse whose signature appears above personally appeared before me this date to waive his/her rights as primary beneficiary to any death benefits payable in the event of the death of the participant.</p>	
	<p>Signature and Title of Witness (<i>Notary Public or Plan Representative</i>)</p>	<p>Date (mm/dd/yy)</p>
<p>Instructions</p>	<p>Beneficiary Designation</p> <p>Beneficiary designations are valid only if they are in writing and signed by the participator/designator. The participant/designator's name should be signed as the name is typed or written on the form. If the participant/designator cannot sign his or her name, his or her mark should be witnessed by two persons other than the designated beneficiary(ies).</p> <p>If you are married, you spouse will be deemed primary beneficiary unless otherwise stated in the Beneficiary Designation Section.</p> <p>Designate a person(s) to receive payment of your account balance if you die. If you designate several persons and one dies before you, payment will be made to the others, if any. Primary beneficiaries will share equally unless otherwise stated.</p> <p>When two or more beneficiaries are to be named and they are not to share equally, the fraction each beneficiary is to receive must be shown. Do not specify in dollars and cents. For example: ¼ to Mary J. Smith, daughter; ¾ to John M. Smith, father.</p> <p>If a married woman is to be named, her full name should be shown. For example: Mary J. Smith, not Mrs. John Smith. Likewise, if the form is to be signed by a married woman, she should sign her given name.</p> <p>Unless otherwise expressly provided on this form, any sum becoming payable upon your death under employer's plan will be payable as prescribed in such plan. If you don't designate anyone, or if no designated person survives you, payment will be made in the following order: to your surviving spouse; if no spouse, to your children; if no child, to your parents; if no parent, to your brothers and sisters; if no sibling, to your estate.</p> <p>Spousal Agreement to Waive Benefit</p> <p>A Notary Public or a Plan Representative must witness the spouse's signature by signing his/her name.</p>	
<p>Conditions</p>	<p>Retirement Equity Act</p> <p>The Retirement Equity Act of 1984 (<i>REA</i>) was effective August 23, 1984. The Act requires that a married participant designate his or her spouse as sole/primary beneficiary UNLESS the spouse agrees in writing to an alternate designation (<i>such as child, parent, sibling, estate, etc.</i>). If you are legally married, therefore, only the name of your spouse can be entered in the Beneficiary Designation Section unless your spouse gives written consent. His or her signature must be properly witnessed in the Spousal Agreement to Waive Benefit section by a Notary Public.</p> <p>Estates</p> <p>Avoid naming estates as beneficiary except when a beneficiary in a foreign country is to be named. If it is necessary to designate the estate, the expression "Executors or Administrators for the estate of" should be used.</p> <p>Trusts</p> <p>If this Beneficiary Designation form provides for payment to a trustee under a trust agreement, the plan and its agents shall not be obliged to inquire into the trust agreement and shall not be chargeable</p>	

with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability to the extent of such payment. If a trustee is to be named, show the name and address of the trustee and the date of the trust agreement. For example: "The _____ Trust Company of Hartford, CT as Trustee under Trust Agreement date _____".

Corrections

If a mistake is made, or if the requested information is not in the proper place on this form, do not make erasures or corrections. Complete a new form instead. Do not delete or alter the printed material in any way.

Additional Questions

If there are any questions, you should contact your Plan Representative.