Designation of Beneficiary Form

Plan Name: _____

Participant: _____

I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the Plan. The following applies to me (select one):

☐ I have recently become a Participant of the aforementioned retirement plan and I hereby make an election of beneficiary(ies).

☐ I am already a Participant of the aforementioned retirement plan and I hereby update my **Designation of Beneficiary Form** for death benefits to be paid under the plan.

Regarding any amount payable under the Plan by reason of my death, I make the following election (select the one option that applies to you):

1. ☐ **Married Participant Under Age 35**

I have various choices to make concerning death benefits payable under the Plan. Normally, 50% of the death benefit under the Plan will be paid to my surviving spouse. However, when I am age 32, I will have the right to designate a beneficiary other than my spouse to receive this portion of my death benefit, provided my spouse consents. The Plan Administrator has provided me with a detailed explanation regarding the beneficiary of 50% of my death benefit (PRE-RETIREMENT SURVIVOR ANNUITY EXPLANATION and ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY, with SPOUSE'S CONSENT TO WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT). If I choose to designate a beneficiary other than my spouse, the waiver will become invalid in the Plan Year in which I turn age 35. I would have to make a new waiver at that time, and get my spouse to consent again. I understand that I must immediately inform the Plan Administrator of any change in my marital status.

Understanding my options, I choose to:

i. ☐ keep my spouse as primary beneficiary of 50% of my death benefit. But if my spouse does not survive me, I name as contingent beneficiary(ies) (also indicate the relationship):

ii. ☐ name someone other than my spouse as the primary beneficiary of 50% of my death benefit. I understand that my spouse must agree to this waiver and that it will become invalid during the Plan Year in which I turn age 35. In order to name someone other than your spouse, you must complete the ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY and the SPOUSE'S CONSENT TO WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY.

iii. ☐ designate as primary beneficiary the person(s) named below to receive that portion in excess of 50% of my death benefit (also indicate the relationship).

_____

_____

(Please proceed to the next page.)

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2. ☐ **Married Participant Age 35 and Over**

I have various choices to make concerning death benefits payable under the Plan. Normally, 50% of the death benefit under the Plan will be paid to my surviving spouse. The Plan Administrator has provided me with a detailed explanation regarding the beneficiary of 50% of my death benefit (PRE-RETIREMENT SURVIVOR ANNUITY EXPLANATION and ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY, WITH SPOUSAL CONSENT). I understand that I must immediately inform the Plan Administrator of any change in my marital status.

Understanding my options, I choose to:

i. ☐ keep my spouse as primary beneficiary of 50% of my death benefit. But if my spouse does not survive me, I name as contingent beneficiary(ies) (also indicate the relationship):

_____

_____

ii. ☐ name someone other than my spouse as the primary beneficiary of 50% of my death benefit. I understand that my spouse must agree to this waiver. In order to name someone other than your spouse, you must complete the ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY and the SPOUSE'S CONSENT TO WAIVER OF PRE-RETIREMENT SURVIVOR ANNUITY.

iii. ☐ designate as primary beneficiary the person(s) named below to receive that portion in excess of 50% of my death benefit (also indicate the relationship).

_____

_____

3. ☐ **Unmarried Participant**

I designate as beneficiary(ies) the person(s) named below. However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the Plan Administrator of any change in my marital status.

Primary Beneficiary(ies) and relationship: _____

_____

Contingent Beneficiary(ies) and relationship: _____

_____

EXECUTED this _____ day of _____, 20 _____ .

_____ Witness

_____ Signature of Participant

_____ Birth Date

_____ Social Security Number

(Return completed form to your company's Plan Administrator.)

BENF-04A

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