

**BENEFICIARY DESIGNATION**

**PLAN NAME:** \_\_\_\_\_

**Section 1: PARTICIPANT INFORMATION**

Last Name	First Name	MI
Address - Number and Street	City	State      Zip
Date of Birth: ____/____/____		
Current Marital Status:   [ ] Single [ ] Married		
(    )	(    )	
Work Phone	Home Phone	

**Section 2: NOTICE OF SURVIVING SPOUSE'S BENEFIT**

Under this Plan, the surviving spouse, provided you have been married at least one year of a deceased Participant is generally entitled to a "surviving spouse's benefit" equal to the Participant's vested account balance at the time of death. If the Participant is legally divorced from the spouse after the date of this designation, the designation of the spouse as the beneficiary will be void unless the Participant, subsequent to the divorce, reaffirms the designation of the spouse by completing a new Beneficiary Designation form.

Unless the surviving spouse's benefit is waived, a Participant may not designate that any portion of his or her vested account balance be paid as a death benefit to a beneficiary or beneficiaries other than his or her surviving spouse, provided you have been married at least one year. For example, if a Participant designates his or her parents as beneficiaries and later marries but dies without having changed his or her beneficiary designation, the entire vested account balance will be paid to the surviving spouse rather than the deceased Participant's parents. Similarly, if a Participant married for at least one year designates that his or her vested account balance be divided in equal shares among the surviving spouse and their three children but the surviving spouse's benefit is not waived, the surviving spouse must receive the entire vested account balance.

The surviving spouse's benefit cannot be waived unless the spouse gives his or her written consent (Section 4 of this form) or the Participant certifies that he or she does not know the whereabouts of the spouse. To become effective, this form must be properly completed and submitted to the Plan Administrator.

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

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. The total share for the Primary Beneficiaries must equal 100% and the total share for the Secondary Beneficiaries, if any, must equal 100%. *If you want any Primary Beneficiary's share to go to his/her descendants, check the box to the right titled "Per Stirpes".*

PRIMARY BENEFICIARY(IES):

Name, DOB and Social Security Number	Share	Relation	Address	Per Stirpes

**\*Selecting Per Stirpes means that if a beneficiary dies before the Plan Participant, the portion of the account to which the beneficiary was entitled will pass to the heirs (living descendants, not beneficiaries) of that beneficiary, if any. If Per Stirpes is not selected and a beneficiary dies before the Plan Participant, that beneficiary's interest in the account balance is forfeited and will pass instead to any remaining primary beneficiaries, or to secondary beneficiaries, as applicable.**



Dated at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 2023.  
[City, State]

\_\_\_\_\_  
Signature of Participant's Spouse

\_\_\_\_\_  
Name of Participant's Spouse  
(print or type)

Notarized or witnessed by:  
Notary Public, State of \_\_\_\_\_  
My Commission (is permanent/expires)

**OR**

\_\_\_\_\_  
Authorized Representative of Plan Administrator