

# PRE-RETIREMENT BENEFICIARY DESIGNATION FORM

## PARTICIPANT INFORMATION

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

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

Social Security Number: \_\_\_\_\_

I hereby designate the person(s) named below as my beneficiary(ies) under the above-named retirement plan to receive such amounts as may be payable in the event of my death.

**NOTE: If you are married, your spouse must be named as your sole primary beneficiary, unless he/she signs the written consent on the second page of this form in the presence of a Plan Representative or Notary Public. Without such consent your beneficiary designation will not be valid.**

Marital Status:       Single       Married       Divorced       Widowed

### PRIMARY BENEFICIARY(IES): To receive benefits in the event of my death:

1. Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Percentage of Proceeds: \_\_\_\_\_%
2. Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Percentage of Proceeds: \_\_\_\_\_%

### CONTINGENT BENEFICIARY(IES): To receive benefits in the event my Primary Beneficiary(ies) pre-decease me:

1. Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Percentage of Proceeds: \_\_\_\_\_%
2. Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Percentage of Proceeds: \_\_\_\_\_%

Check if you have attached any special instructions, or have named additional Primary/Contingent beneficiaries on a separate form.

## EXECUTION

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant, please submit form to Employer)

**SPOUSAL CONSENT**

As the lawful spouse of the Participant named herein, I hereby consent in the presence of a Plan Representative or Notary Public, to the beneficiary named above. I understand that by consenting to the naming of a primary beneficiary other than me, I surrender all rights I may have under the Plan and applicable law to receive those amounts payable under the Plan by reason of my spouse's death. I further understand that my consent is irrevocable unless my spouse revokes this beneficiary designation and makes a new one during our marriage.

**Spouse's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**Authorization or Notarization**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature of Authorized Plan Representative or Notary Public

\_\_\_\_\_  
Title of Plan Representative, or if a Notary Public, Commission Expiration Date and Seal

**UNAVAILABILITY OF SPOUSE'S CONSENT**

The consent of the Participant's spouse to the beneficiary designation noted on this form has not been obtained because the Participant's spouse:

- cannot be located
- is unable to sign due to \_\_\_\_\_

I hereby agree to submit to the Plan Administrator of this Plan any proof of the above statements as I may be required to provide.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete two copies of this form: keep one for your records and return one to your Employer. Please be sure to revise your beneficiary designation whenever there is a change in your marital status and forward to your Employer.**