

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.