



Beneficiary Designation Form

Not Subject to Joint & Survivor Annuity

(Please Print or Type)

Plan Name: _____

Name: _____ SS#: _____

Address: _____ Date of Birth: _____

You should name a beneficiary so that in the event of your death, your retirement benefit is paid to the person of your choice. If you do not name a beneficiary, the Plan document or the state government will decide to whom your benefit is paid. You may change your beneficiary designation by submitting a new signed election. For more information regarding your Plan, contact your Employer or reference your Plan's Summary Plan Description (SPD).

If you are single, legally divorced, or widowed complete **Section 1 – Beneficiary Designation only**. You may skip the rest of the form.

If you are married and you designate your spouse as your sole primary beneficiary (100% primary beneficiary) complete **Section 1 – Beneficiary Designation only**. You may skip the rest of the form.

If you are married and you designate someone other than your spouse as your sole Primary Beneficiary, your spouse **MUST** consent to this election by completing SECTION II.

SECTION I – Beneficiary Designation – PLEASE PRINT CLEARLY

Designation of your beneficiary is personal and very important to you. We strongly encourage you to seek legal advice for assistance with completing a beneficiary form. You may attach an additional sheet of paper to this form if additional space is needed in naming beneficiaries.

Primary Beneficiary(ies): Please see above for naming a primary beneficiary other than your spouse if you are married. The shares of all Primary Beneficiaries should total 100%.

Contingent Beneficiaries: Contingent Beneficiaries should be named to receive your interest in case all of your Primary Beneficiaries die before becoming entitled to benefits. The shares of all Contingent Beneficiaries should total 100%.

Surviving Beneficiaries: If you name two Primary Beneficiaries and only one survives you and becomes entitled to benefits, that one will receive everything. If you name three Primary Beneficiaries, each to receive one-third of your interest and only two survive you and become entitled to benefits, those two will each receive one-half of your interest. The form works the same way for Contingent Beneficiaries.

Children as Beneficiaries: If you wish to designate children as a beneficiary, see your legal counsel. However some basic guidance for naming children as beneficiary could be as follows:

If you elect for all present and any future children living at your death to receive equal shares, fill out the Primary Beneficiary or Contingent Beneficiary section, as the case may be, as follows: "All my children in equal shares." Spousal consent will be necessary if your children are named Primary Beneficiary(ies). The form provides that benefits go to **surviving** beneficiaries. If you want benefits to go to the descendants of a deceased child (for example, his or her children), you must write the following: "All my children in equal shares, and if any of my children should not survive me, such deceased child's share shall be paid to his or her descendants."

Trust as Beneficiary: If you wish to designate a trust as a beneficiary, see your legal counsel.

A. Primary Beneficiary(ies) – I hereby designate as my primary beneficiary(ies):

Name	Social Security #	Date of Birth	Address	Relationship	% Share

B. Contingent Beneficiary(ies) – In the event my primary beneficiary(ies) should predecease me, I designate as my contingent beneficiary(ies):

Name	Social Security #	Date of Birth	Address	Relationship	% Share

Unless another method of payment is specified on this form or attached to this form, the following shall apply: If no percentages are indicated, the death benefit shall be divided equally among the primary beneficiaries who are surviving on the date of my death. If percentages are indicated, and if any of the primary beneficiaries shall die before me, his or her share of the death benefit (which would have been due had such beneficiary survived me) shall be divided among the surviving primary beneficiaries in proportion to the respective percentages shown for the surviving primary beneficiaries. If none of the primary beneficiaries survive me, then the death benefit shall be divided among the surviving contingent beneficiaries equally or, if percentages are indicated, in proportion to the respective percentages shown for the surviving contingent beneficiaries. Any previous designation of beneficiary made by me is revoked, and the right to revoke this designation at any time is expressly reserved by me. I do not need my spouse's approval to revoke this election and beneficiary designation; however, any new designation not naming my spouse as the sole primary beneficiary requires my spouse's consent (*if legally married*). **(Submit the original form to your Employer and keep a copy for your files)**

X

Participant Signature _____

Date _____

SECTION II – Spousal Consent – if Spouse is not Sole Primary Beneficiary

A. Waiver

B.

I am the spouse of the Participant, and I understand that all or part of my spouse's account balance will be paid to the beneficiary(ies) other than myself as specified in my spouse's Beneficiary Designation in Section I of this form. I hereby voluntarily consent to my spouse's designation of such beneficiary(ies).

I agree to release and discharge the Trustee, Plan Administrator, and Company from liability for acting pursuant to this consent. I realize that my consent is irrevocable unless my spouse submits a new election.

X

Spouse's Signature _____

Date _____

C. Witness of Spousal Consent

Spousal consent MUST be witnessed by a Notary Public **OR** an Authorized Company Representative.

Witnessed by a Notary Public

OR

Witnessed by an Authorized Company Representative

Subscribed and sworn before me this

_____ day of _____, 20_____

Notary Public _____

State of _____

My commission expires _____

SIGNED: _____

DATE: _____

Retirement Plan Administrators & Consultants