

# BENEFICIARY DESIGNATION FORM FOR THE

(NAME OF PLAN)

## Section A – General Information (please print)

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated	DAYTIME TELEPHONE NUMBER	DATE OF HIRE (MM/DD/YYYY)	

## Section B – Beneficiary Designation (please print)

Following is my election of beneficiary(ies) for my benefit under the Plan payable by reason of my death. I understand that if I am married and I have not designated my spouse to receive 100% of my benefit as my Primary Beneficiary, I must obtain my spouse's consent to my beneficiary designation via the Consent of Spouse on the opposite side of this form.

**NOTE:** The total percentage of benefit for your Primary Beneficiary(ies) must add up to 100%. If you enter a Secondary Beneficiary(ies), the total percentage of benefit that you enter for your Secondary Beneficiary(ies) must also add up to 100%.

### Primary Beneficiary

NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
RELATIONSHIP (FOR EXAMPLE, "SPOUSE")	DAYTIME TELEPHONE NUMBER	PERCENTAGE OF BENEFIT	

Primary Beneficiary

Secondary Beneficiary

NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
RELATIONSHIP (FOR EXAMPLE, "SPOUSE")	DAYTIME TELEPHONE NUMBER	PERCENTAGE OF BENEFIT	

Primary Beneficiary

Secondary Beneficiary

NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
RELATIONSHIP (FOR EXAMPLE, "SPOUSE")	DAYTIME TELEPHONE NUMBER	PERCENTAGE OF BENEFIT	

## Section C – Signature

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND SECONDARY BENEFICIARIES.

All sums payable under the Plan by reason of my death shall be paid to my Primary Beneficiary(ies) indicated above. If no Primary Beneficiary(ies) survives me, then all sums payable by reason of my death shall be paid to my Secondary Beneficiary(ies). If no named beneficiary survives me, then all sums payable by reason of my death shall be paid in accordance with the terms of the Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: IF YOU ARE MARRIED AND YOU HAVE NOT DESIGNATED YOUR SPOUSE TO RECEIVE 100% OF YOUR BENEFIT AS YOUR PRIMARY BENEFICIARY, YOU MUST COMPLETE THE CONSENT OF SPOUSE ON THE REVERSE SIDE OF THIS FORM.**

