



## Beneficiary Designation

**Instructions:** This form requires completion if you are a new participant or would like to change your beneficiary designation.

### Participant Information

Name	<input type="text"/>	
Phone Number & Email	<input type="text"/>	<input type="text"/>
Date of Birth & Social Security Number	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	

**Complete this section ONLY if you are not married. If you are married, proceed to the next section.**

- I certify that I am not married at this time. I understand that if I should marry at a later date, my spouse will automatically become my sole named primary beneficiary unless I file the required forms naming someone else.

Participant's Signature & Date	<input type="text"/>	<input type="text"/>
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Print Participant's Name	<input type="text"/>
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### Beneficiary Information

- Check here if this is a change from a previous designation. I hereby revoke all prior designations of primary beneficiaries and contingent beneficiaries and designate the following beneficiaries.

	Name	Address	Relationship	Date of Birth	Social Security #	Benefit %
Primary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingent:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contingent:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- If more than one beneficiary is named, the surviving beneficiaries shall share equally unless otherwise stated above.
- The Trustees will pay all sums payable under the Plan by reason of your death to the primary beneficiary (ies) designated above, if he or she survives you, and if no primary beneficiary survives you, then to the contingent beneficiary (ies), and if no named beneficiary survives you, then the Trustees will pay all amounts in accordance with Section 6.10.2 of the Plan.
- You should complete a new Beneficiary Designation Form if your marital status changes.

### Spousal Consent

**If you are married and DO NOT** name your spouse as the sole primary beneficiary, your spouse **MUST** sign the consent on the following page. The signature must be witnessed by a Plan Representative or Notary Public.

*(continued)*

**Spousal Consent:** I, the undersigned spouse of the Employee named above, hereby certify I have read the Beneficiary Designation above and fully understand the property subject to the designation is my spouse's benefit under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse, and waive all claims to said benefits that would have otherwise been payable to me if my spouse dies. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

- (a) I understand I must file a similar consent to the new beneficiary designation, or my consent is no longer effective.
- (b) I waive my right to withhold my consent to that change in beneficiary designation. I understand I have the right to limit my consent to the specific beneficiary designated on this form by checking box (a).

Spouse's Signature & Date

**To be completed by (1) Notary or (2) Plan Representative**

State of:

County of:

On this  of , , before me came   
*(Day of week) (Month/Day) (Year) (Spouse)*

known to me to be the person who executed the foregoing statement and who acknowledged to me that he/she executed the same.

**(Seal)**

1. The Spouse appeared before me and signed the consent on     
*(Date) (Notary Public) (Sign Date)*

OR

2. The Spouse appeared before me and signed the consent on     
*(Date) (Plan Representative) (Sign Date)*

**Participant Signature**

This instrument shall become effective without further notice upon its receipt by the Plan Administrator and, if necessary, the consent of my spouse, and is subject to all of the terms and conditions of the Plan and Trust funding the Plan.

This designation revokes all prior designations made under the Plan. I certify by my signature that all of the information on this Beneficiary Designation Form is true, current and complete.

Participant's Signature (required)

Date