



**Designation of Beneficiary**

**EMPLOYEE INFORMATION**

Name (Please Print): \_\_\_\_\_

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

Company: \_\_\_\_\_

Marital Status:    Unmarried (single, divorced, widowed)       Married       Spouse: \_\_\_\_\_

**MARRIED PARTICIPANTS**

I hereby designate the person(s) below as my beneficiary(ies) under the Plan. I understand and agree that my spouse must consent to the designation of any non-spouse beneficiary. If appropriately witnessed consent is not given below, I agree that my spouse will be the sole designated beneficiary.

**UNMARRIED PARTICIPANTS**

I hereby designate the person(s) below as my beneficiary(ies) under the Plan. I understand and agree that if I hereafter marry, the designation below will be revoked in full and my spouse will be the sole designated beneficiary, unless I complete a new beneficiary designation form and my spouse consents to the designation of a non-spouse beneficiary.

**BENEFICIARY DESIGNATION**

Name of Beneficiary(ies)	Relationship	SS#	Address	% of Beneficiary
_____				
_____				
_____				

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant)

**If you are married and choose a non-spouse beneficiary, please have your spouse complete the back of this form.**



# Designation of Beneficiary

## CONSENT OF SPOUSE

I certify that I am the spouse of the participant named above and I have read and understand the form as completed and signed by my spouse. I hereby consent to and understand the effects of my spouse's designation of beneficiary made herein. I further understand that I will not receive any retirement benefits which may be payable under the plan because of my spouse's death, except to the extent expressly provided in this beneficiary designation form.

If you sign this agreement, your spouse cannot change the beneficiary named in this agreement to anyone one other than you, unless you agree to the new beneficiary by signing a new agreement. If you agree, your spouse can change the beneficiary at any time before your spouse dies.

Date: \_\_\_\_\_ (Signature of Spouse) \_\_\_\_\_

Witness

State of \_\_\_\_\_ My commission expires: \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Plan Representative or Notary Public)

### FOR COMPANY USE ONLY

Received by Plan Administrator:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Date Effective: \_\_\_\_\_