

## Instructions for Designation or Change of Beneficiary

### Your Personal Information

- Please fill in all blank boxes in the designated area of the form.

### Your Marital Status

- Please check box A, B or C as indicated. If you check box A or B, please sign at bottom of the page and return to your employer, after completing the Beneficiary information.
- If you check box C, (married and wish to designate a primary beneficiary other than your spouse), both **you and your spouse** must sign the waiver on the second page of the Beneficiary Election Form, and have your signatures **validated** by a Notary Public.

**PLEASE NOTE:** If you are re-married and do not complete a new Beneficiary Form, your new spouse may not be eligible for death benefits until the first anniversary of your new marriage.

### Primary Beneficiaries

- If only one person is listed in this section and no percentage is given, 100% of the death benefit, if any, will be provided to named person.
- The total of all "% of shares" must be no more or less than 100 percent.
- If more than one person is listed and no percentage of share is indicated, all participants will receive equal amounts.
- If the beneficiary is not related to you, show the relationship as "Friend".
- If you wish to name your estate, insert "Estate" in the Name box.
- If you wish to designate a trust, insert the name of the trustee and trust in the blank space provided using language substantially as follows:  
*To [bank name] as Trustee, or its successor Trustee, of the John Doe Trust dated the 14<sup>th</sup> day of April, 1998, including any amendments.*
- To designate all or future children, you may enter "My children living at my death" in the blank space provided.

### Secondary Beneficiaries

- If, upon your death there are no Primary Beneficiaries living, the Secondary Beneficiaries will receive death benefits, if any, from the Plan.
- The above instructions for Primary Beneficiaries are also applicable to Secondary Beneficiaries.

### Election to Waive the Pre-Retirement Survivor Benefit (Page 2)

- If you checked box C (Marital Status), you must complete page 2 of this form. The signatures must be witnessed and validated by a Notary Public.

**Once the form has been completed, please return to your Human Resource Representative**

**BENEFICIARY ELECTION FORM**
**Your Personal Information**

Participant Name			Social Security #		
Street Address					
City			State		Zip
Employer					
Plan Name					

**Your Marital Status**

Please **check one** of the three following boxes below and name primary and secondary beneficiaries:

- A. I am **not married**. I designate the following person(s) to receive my death benefits, if any, from the plan. If I become married, this form automatically ceases to apply and I should file a new Beneficiary Election Form.
- B. I am **married**, and I designate my spouse named below as sole primary beneficiary to receive my death benefits, if any, from the plan. If I re-marry, I will need to fill out a new form to designate my new spouse to receive my death benefits, if any, from the plan
- C. I am **married**, and I wish to designate **someone other than my spouse** as a primary beneficiary to receive my death benefits, if any, from the plan. You **MUST Complete Election to Waive the Pre-Retirement Survivor Benefit**.

**Primary Beneficiaries**

Name			
Address			
Relationship			
Date of Birth			
Social Security #			
% Of Share			

**Secondary Beneficiaries**

Name			
Address			
Relationship			
Date of Birth			
Social Security #			
% Of Share			

If I have designated more than one Primary Beneficiary, the said amount(s) shall be equally divided among my Primary Beneficiaries who are living at the time of my death unless I specify otherwise on this form. If, upon my death, there is no Primary Beneficiary living, and if I have named more than one Secondary Beneficiary, the said amount(s) shall be equally divided among my Contingent Beneficiaries who are living at the time of my death unless I specify otherwise on this form. The execution of this form and delivery thereof to the Plan Administrator revokes all prior designations of Beneficiaries that I may have made.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_



**BENEFICIARY ELECTION FORM**

Participant Name		Social Security #	
Employer			
Plan Name			

**Election to Waive the Pre-Retirement Survivor Benefit**

*Must complete if checked box C  
Notary Public must witness signatures*

**Participant Waiver:**

I acknowledge that I have been informed that if I should die prior to my retirement, my Spouse and I have the right to have my entire vested account balance in the plan paid to my Spouse; that I have the right to waive the designation of my Spouse as beneficiary of my death benefit **only** if my spouse consents to revoke such waiver.

I hereby waive my right to have my Spouse as Primary Beneficiary of the Pre-Retirement Death Benefit payable under the Plan.

\_\_\_\_\_

Participant Printed Name                                      Participant Signature                                      Date

**Spouse's Consent:**

I hereby approve of, and consent to, the Beneficiary Designation adopted by my Spouse as provided above. I understand that I am entitled to receive a Spouse's Benefit under the Plan unless I consent to a different Beneficiary Designation. I also understand that the above designation has the effect of causing the Death Benefit under the Plan to be paid to another beneficiary. I further understand that my Spouse may not change the Primary Beneficiary Designation without first obtaining my written consent.

\_\_\_\_\_

Spouse's Printed Name                                      Spouse's Signature                                      Date

**Notary Public Validation:**

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_

The above persons have appeared before me are personally known by me (or have provided proof of identification) and have signed in my presence this Participant Waiver and Spouse's Consent.

\_\_\_\_\_

Notary Public Printed Name                                      Notary Public Printed Signature                                      Date

**Once the form has been completed, please return to your Human Resource Representative**