

# Beneficiary designation form

This form is used to select primary and contingent beneficiary(ies).

Name \_\_\_\_\_  
first middle initial last

Social Security number \_\_\_\_\_ Email \_\_\_\_\_

Plan ID 195979

- I am not married – I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new beneficiary designation form and my spouse consents to my designation.
- I am married – I understand that my spouse will be my primary beneficiary, unless I designate a primary beneficiary other than my spouse on this form and my spouse signs the section entitled "Consent of spouse."

## Beneficiary designation

The following individual(s) will be your beneficiary(ies). Please check primary or contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary.

If any primary or contingent beneficiary dies before you, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro rata basis. If no primary beneficiary(ies) survives you, the contingent beneficiary(ies) will acquire the designated share of your retirement account balance.

- Primary  Contingent

Beneficiary name \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Tax ID (SSN/EIN) \_\_\_\_\_ Date of birth \_\_\_\_\_

Beneficiary type:  Spouse  Individual (Relationship \_\_\_\_\_)  Entity  Estate  Trust

- Primary  Contingent

Beneficiary name \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Tax ID (SSN/EIN) \_\_\_\_\_ Date of birth \_\_\_\_\_

Beneficiary type:  Spouse  Individual (Relationship \_\_\_\_\_)  Entity  Estate  Trust

- Primary  Contingent

Beneficiary name \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Tax ID (SSN/EIN) \_\_\_\_\_ Date of birth \_\_\_\_\_

Beneficiary type:  Spouse  Individual (Relationship \_\_\_\_\_)  Entity  Estate  Trust

- Primary  Contingent

Beneficiary name \_\_\_\_\_ Percentage \_\_\_\_\_

Address \_\_\_\_\_

Tax ID (SSN/EIN) \_\_\_\_\_ Date of birth \_\_\_\_\_

Beneficiary type:  Spouse  Individual (Relationship \_\_\_\_\_)  Entity  Estate  Trust

- Check here if you are designating additional beneficiaries. Please attach a list that includes the information requested for the additional beneficiaries.

**Continued on back**

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Name \_\_\_\_\_

first middle initial last

Social Security number \_\_\_\_\_ Email \_\_\_\_\_

Plan ID 195979

## Consent of spouse

I am the spouse of the retirement account holder named above. I consent to the designation of beneficiary(ies) made on this form. I understand that if anyone other than me is designated as a primary beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

The signature of the spouse must be witnessed by a plan representative or notary public.

Plan representative/notary public \_\_\_\_\_ Date \_\_\_\_\_

## Authorization

Account holder signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

## Delivery instructions

Please return the completed beneficiary designation form to your employer.