



Please read the instructions and information below carefully before completing this form.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

1 Information about you

Please type or print clearly.

Name of participant, Name of employer, SSN of participant, Date of birth of participant (mm/dd/yyyy), Marital status: Married, Single

2 Beneficiary designation

Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100% in whole percentages. If you wish to customize your designation or need more space, attach a separate page.

Primary Beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds to my estate.

1. Full name, Relationship, SSN, Date of birth, %
2. Full name, Relationship, SSN, Date of birth, %
Total 100%

Contingent Beneficiary: (Complete only if you are naming a Primary Beneficiary above.)

1. Full name, Relationship, SSN, Date of birth, %
2. Full name, Relationship, SSN, Date of birth, %
Total 100%

Signature:

X Signature of participant, Date (mm/dd/yyyy)



**3 Spousal consent**

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

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 2. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Full name of spouse of participant (include middle initial) (print)

**X** \_\_\_\_\_ / /  
Signature of spouse of participant Date (mm/dd/yyyy)

Either a plan representative appointed by the employer or a notary public must witness the signature of the spouse.

\_\_\_\_\_  
Name of plan representative (print) **X** \_\_\_\_\_  
Signature of plan representative

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Month Year

in the County of \_\_\_\_\_, State of \_\_\_\_\_

**X** \_\_\_\_\_ / /  
Signature of notary public Date commission expires (mm/dd/yyyy)

**Please return this form to your employer.**