

Beneficiary Designation Form Company Retirement Plan

PLEASE TYPE OR PRINT CLEARLY

Company Name: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Social Security #: _____ Date of Birth: ___/___/___ Date of Hire: ___/___/___

Marital Status: Married Not Married

I understand that **if I am married, I may only have one** Primary Beneficiary, which is my spouse. However, I understand I may select a Primary Beneficiary other than my spouse if my spouse signs the selection below entitled "Spousal Waiver." If I am **not married**, I may designate any person(s) as the Primary and Secondary Beneficiaries. However, I further understand that if I become married, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse Consents to my designation.

A. PRIMARY BENEFICIARY *(Please Type or Print All Data)*

I hereby designate the following person(s) as my beneficiary (ies) to receive any benefit, which may become due at or after my death according to the terms of the Plan. I reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon delivery to the Plan Administrator. The benefit will be paid to my Primary Beneficiary or Beneficiaries if living. Benefits will be paid to my Secondary Beneficiary only if none of my Primary Beneficiaries are living. All married individuals will have one primary beneficiary unless Section C is completed and notarized.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Social Security #: _____ Date of Birth: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Social Security #: _____ Date of Birth: _____

B. SECONDARY BENEFICIARY *(Please Type or Print All Data)*

Name: _____

Address: _____

City: _____ State _____ Zip _____

Social Security #: _____ Date of Birth: _____

C. SPOUSAL WAIVER

I am the spouse of the participant named above. I consent to my spouse's election to identify a primary beneficiary other than myself (the participant's spouse). I consent to the above named primary beneficiary (ies). I recognize that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving my rights to receive benefits under the plan when my spouse dies.

Spouse Signature: _____ Date: _____

Print Name: _____

The signature of the spouse must be witnessed by a notary public:

WITNESS: Notary Public

Subscribed and sworn to before me on this _____ day of _____, 19_____

Signature: _____

Employee Signature: _____ Date: ___/___/___