*\*Your Social Security Number (SSN) (or Taxpayer Identification Number) is required for IRS Form 1099-R on which the taxable portion of your distribution is reported to the IRS at the time the participant or a beneficiary makes a withdrawal or receives a distribution from the Plan.*

Use this form to add or change the beneficiaries of your Plan account. Here are some helpful things to know:

|  |  |
| --- | --- |
| * You may want to review this document with a tax, financial, or legal advisor. | * If you are married, and you designate anyone other than your spouse as a primary beneficiary, you **must** provide a notarized signature of the consent of your spouse in Section 4. * You can change beneficiaries any time by submitting a new, properly executed form with the appropriate spousal consent if necessary. |
| * The terms of the Plan and applicable law will control with respect to how a beneficiary designation may be made. |
| * This form cancels any existing beneficiary information. Be sure this form includes **ALL** beneficiaries you want on the account. |

**Section 1 – Participant Information** *Please Print*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Last First Middle Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address – Number & Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Account Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Taxpayer Identification Number Date of Birth

□ I understand that the address I have indicated as my home address on this form will be used to update any address I have on my account currently with The Plan.

|  |  |
| --- | --- |
| **MARITAL STATUS** *(check the appropriate box)* | |
| **□ Married** | **□ Not Married** |
| I understand that if I am married I may only have one Primary beneficiary, which is my spouse. However, I understand that I may select a Primary beneficiary in addition to or other than my spouse if my spouse signs the Spousal Waiver and Consent section below. | I understand that if I am not married, I may designate any individual(s) as the Primary and Contingent beneficiary(ies). However, I further understand that if I remarry, my new spouse will automatically become my sole Primary beneficiary unless I complete a new Beneficiary Designation Form and my new spouse signs the Spousal Waiver and Consent section below. |

*Please keep this page for your records*

**Section 2 – Beneficiary Designation**

In the event of my death, pay the full value of my account (in equal proportions, in the case of multiple beneficiaries, unless I indicate otherwise below) to the Primary Beneficiary(ies) as designated below and in accordance with the Plan. I understand that if a Primary Beneficiary passes away before me, the remaining portion will be divided proportionately among any surviving Primary Beneficiaries pro rata among each other in accordance with their designated percentages at the time of my death (redetermined as necessary to reflect the death of a Primary Beneficiary). If no Primary Beneficiary survives me, pay the full value of my account (in equal proportions, in the case of multiple beneficiaries, unless I indicate otherwise below) to the Contingent Beneficiary(ies) as designated below and in accordance with the Plan and applicable law. I understand that if a Contingent Beneficiary passes away before me, the remaining portion will be divided proportionately among any surviving Contingent Beneficiaries pro rata among each other in accordance with their designated percentages (redetermined as necessary to reflect the death of a Contingent Beneficiary). If no designated beneficiary survives, or if the Plan Administrator cannot locate the beneficiary, the Plan Administrator will distribute the benefits to my spouse, if living; or, if I do not have a spouse or my spouse is not alive, to my estate.

I understand that I may change or revoke this designation at any time by completing a new Beneficiary Designation Form with the Plan during my lifetime. It will become effective when the Plan receives it as long as it is properly filled out and executed (in accordance with the then current Plan and applicable law). If I am married, any change to this designation will revoke my spouse's consent to it (if this designation contains a notarized spousal consent), so that the new Beneficiary Designation Form must include a notarized spousal consent if my spouse is not to be a 100% Primary Beneficiary under the new Beneficiary Designation Form.

I understand that the Plan Administrator reserves the right, in its sole discretion, to require additional documentation, to consult counsel, and to institute legal proceedings in order to determine the proper distribution of account assets, which shall *all be at the expense of my Plan account*.

It is the responsibility of each beneficiary designated under the Plan to notify the Plan Administrator of the death of the account owner and to provide any appropriate documentation requested by the Plan Administrator including, without limitation, a certified copy of the death certificate and the Participant’s marital status.

If no box is checked in the Participant Information section under Marital Status, my status is assumed to be "Married.” If I am married, the Plan requires that I designate my spouse as the sole Primary Beneficiary. To name a Primary Beneficiary other than my spouse or in addition to my spouse, my spouse must sign the Spousal Waiver and Consent section of this form. My spouse's consent must be notarized by a notary public. **NOTE**: The Plan Office can arrange to have a notary public available at the Plan Office for signatures.

*If my spouse and I divorce after the date of this form, my designation of my spouse as a beneficiary shall automatically terminate on the date of the final divorce decree. If I want my former spouse to continue to be a beneficiary, I must submit a new Beneficiary Designation Form after the date of the final divorce decree that specifically names my former spouse (and is consented to by my present spouse if I have remarried).*

If more than three Primary or Contingent Beneficiaries are designated, attach a separate sheet of paper, signed and dated as it appears on this application.

Only individuals may be named as beneficiaries, except that a Participant’s inter vivos trust (*e.g.*, living trust) may be named as a Contingent beneficiary (but not a Primary beneficiary).

**The information included in this section supersedes any previous beneficiary designations for my Plan account. By leaving this section blank, I do not designate anyone to be my beneficiary for this account (in which case the spousal beneficiary rules will apply if applicable).**

**PRIMARY BENEFICIARY**

All married individuals will have only **one** Primary beneficiary which is their spouse unless the Spousal Waiver and Consent section is complete and notarized.

If you are submitting this form after a divorce to remove a previously identified spouse in a prior form, you will need to provide a copy of the final executed divorce decree with your form submittal.

***Only individuals*** may be named as a Primary beneficiary.

The portion % must add up to 100% for all Primary beneficiaries. The portion can be extended to the hundredths position (e.g., 33.33%). If left blank, portions will be evenly distributed among beneficiaries.

Note: Benefits cannot be expressed in dollar amounts.

|  |  |
| --- | --- |
| **Primary Beneficiary 1** | |
| Relationship | □ Spouse □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |
| **Primary Beneficiary 2** | |
| Relationship | □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |
| **Primary Beneficiary 3** | |
| Relationship | □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |
| **Primary Beneficiary 4** | |
| Relationship | □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |

**CONTINGENT BENEFICIARY**

Contingent beneficiaries receive assets only if no Primary beneficiary survives you.

Do **NOT** list any Primary beneficiaries here.

Only individuals and the Member’s inter vivos trust (*e.g.*, living trust) may be named as a Contingent beneficiary.

The portion % must add up to 100% for all Contingent beneficiaries. The portion can be extended to the hundredths position (e.g., 33.33%). If left blank, portions will be evenly distributed among beneficiaries.

Note: Benefits cannot be expressed in dollar amounts.

|  |  |
| --- | --- |
| **Contingent Beneficiary 1** | |
| Relationship | □ Spouse □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |
| **Contingent Beneficiary 2** | |
| Relationship | □ Spouse □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |
| **Contingent Beneficiary 3** | |
| Relationship | □ Spouse □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |
| **Contingent Beneficiary 4** | |
| Relationship | □ Spouse □ Child □ Other Individual |
| Name (Last, First, MI) |  |
| Phone Number |  |
| Date of Birth (MM/DD/YYYY) |  |
| Share Percentage | \_\_\_\_\_\_\_\_\_\_ Percent |

**Section 3 - Signature and Date** *Account Owner must sign and date*

By signing below, you:

* Understand and affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for your account.
* Acknowledge that listing beneficiaries by name does NOT create a category of beneficiaries, and that if you later want to include other beneficiaries, you must submit a new Beneficiary Designation Form.
* Agree that neither the Plan nor the Plan Administrator has any obligation to locate or notify any beneficiary or to independently verify any information submitted by any person claiming an interest in your account.
* Acknowledge that if you do not provide percentages, the account will be divided equally among Primary or Contingent beneficiaries, as applicable.
* Acknowledge that if you do not properly name a beneficiary, or no beneficiary survives you, your beneficiary will be your spouse or, if you are not married, your estate, in accordance with the Plan Document.
* Acknowledge that, if you are married and you designate anyone other than your spouse as the sole Primary beneficiary, your designation cannot be accepted without your spouse’s notarized signature in Section 4.
* Agree that if your beneficiary allocation totals at least 99%, but less than 100% (e.g., three named beneficiaries are each assigned a 33% interest in the account), the Plan Administrator will assign the unallocated remainder to the first named beneficiary who is receiving an allocation.
* Acknowledge that neither the Plan nor the Plan Administrator has any responsibility for the use of assets distributed to beneficiaries, or for the tax or other consequences arising from your beneficiary designations(s).

Signature of Plan Participant Today’s Date *(MM/DD/YYYY)*

Print Name

**Section 4 - Spousal Waiver and Consent** *(Notarized Signature Required)*

By signing below, you:

* agree to the designation of the beneficiary(ies) on this form
* understand that you are allowing those beneficiary(ies) to receive assets that would otherwise be paid to you

Signature of Spouse Today’s Date (*MM/DD/YYYY)*

Print Spouse Name

The signature of the spouse must be notarized by a notary public.

**NOTARY PUBLIC** *Please fill out notary box below*

**Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.**

**Notice to CA Residents**: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**Certificate of Acknowledgement of Notary Public\***

*Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Commonwealth of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name of person seeking acknowledgement)** ***Notary Seal***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public’s signature

Notary registration number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.