

## Beneficiary Form

Last Name		First Name		Middle Initial
Date of Birth (Required)	Date of Hire (Required)	Marital Status	Social Security Number (Required)	

### Beneficiary Designation

Primary Beneficiary Information				
Beneficiary Last Name		Beneficiary First Name		Social Security Number (Required)
Date of Birth	Relationship to Participant*		Address of Beneficiary	
Secondary Beneficiary Information				
Beneficiary Last Name		Beneficiary First Name		Social Security Number (Required)
Date of Birth	Relationship to Participant*		Address of Beneficiary	

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notice of Spousal Death Benefit

Federal law provides certain death benefits to the spouses of participants in retirement plans. This notice describes the spousal rights and the spousal death benefit, your right to waive them if you wish, and your spouse's rights regarding any such waiver.

#### Spousal Death Benefit

If you die before you begin receiving benefits, the plan must:

- Automatically pay a spousal death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary.

#### Waiving the Spousal Death Benefit

Your spouse will be paid 100% of your account balance unless:

- You waive the spousal death benefit by completing the "Waiver of Spousal Death Benefit" below, and
- Your spouse voluntarily consents to both your waiver and your designated beneficiary or beneficiaries by completing the section entitled "Spousal Consent" below.

NOTE: Even if your current beneficiary is a trust or estate of which your spouse is the sole beneficiary, the waiver and spousal consent are necessary. Without such waiver and consent, the spousal death benefit must be paid directly to your spouse.

You may revoke the waiver and execute a subsequent waiver at any time before your death by completing a new Beneficiary Designation form. Any subsequent waiver of the spousal death benefit would require your spouse's consent. Since a waiver is valid only for the spouse consenting to the waiver, if you later remarry you must complete a new Beneficiary Designation form and obtain your new spouse's consent.

It is important that you and your spouse understand your rights and obligations concerning your death benefits. You may direct any factual questions to your employer or the Plan Administrator. However, you should consult your legal and/or financial advisor to determine what is best for your particular situation.

### Waiver of Spousal Death Benefit

- A. I have read the Notice of Spousal Death Benefit above explaining the spousal death benefit available to my spouse under the plan. Understanding the terms of this benefit, I voluntarily elect to waive the spousal death benefit. I understand that I may revoke this waiver at any time without my spouse's consent.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

- B.
- My spouse consents to my beneficiary designation(s) and waiver. (If you checked this option, your spouse must read the "Notice of Spousal Death Benefit" section and complete the "Spousal Consent" section.)
  - My spouse cannot be located. I agree to inform the Plan Administrator if the location of my spouse becomes known. (Stop here, do not complete the rest of this form.)
  - My spouse and I are legally separated and I have a court order to that effect. **Note:** A qualified domestic relations order may require your spouse's consent. (Stop here, do not complete the rest of this form.)
  - My spouse has abandoned me and I have a court order to that effect. (Stop here, do not complete the rest of this form.)

### Spousal Consent

A. **Waiver**

I am the spouse of the Participant and I have read the Notice of Spousal Death Benefit above as required by law. I understand the spousal death benefit to which I am entitled under the plan. I realize my spouse is waiving this spousal death benefit and I voluntarily consent to the waiver.

I further understand that all or part of my spouse's account balance will be paid to the beneficiary(ies) other than myself as specified in my spouse's beneficiary designation(s) in the "Beneficiary Designation" section of this form. I hereby voluntarily consent to my spouse's designation of such beneficiary(ies).

I agree to release and discharge the Trustee, Plan Administrator, and Company from liability for acting pursuant to this consent. I realize that my consent is irrevocable unless my spouse revokes the waiver.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

- B. **Witness of Spousal Consent**  
Spousal consent **MUST** be witnessed by a Notary Public.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public \_\_\_\_\_  
State of \_\_\_\_\_  
My commission expires \_\_\_\_\_