

Beneficiary Election Form

Check one: New Participant-Original Designation Current Participant-Change in Designation

Employee Information:

Employee Name _____ Social Security Number _____
Address: _____ Date of Birth: _____
_____ Marital Status: Single Married
Plan Name: _____

Beneficiary Information:

I name the following person, trust or institution to receive any benefits that may become payable upon my death.

Primary: _____ Social Security Number _____
Address: _____ Date of Birth: _____
_____ Relationship: _____

Contingent: _____ Social Security Number _____
Address: _____ Date of Birth: _____
_____ Relationship: _____

Employee Signature:

If you are married and do not designate a beneficiary, your beneficiary will be your spouse. If you are not married and do not designate a beneficiary, your beneficiary will be your estate.

Signature of Employee Date

Spouse's Consent: *(Not required if you are designating your spouse as your beneficiary)*

If you are married and have named someone other than your spouse as primary beneficiary, your spouse must consent by signing this form and your spouse's signature must be signed in the presence of a **Notary Public** or **Authorized Plan Representative**. Your spouse's consent cannot be revoked. If you wish in the future to change your primary beneficiary to someone other than your spouse, you must fill out a new form and again obtain your spouse's consent.

I, the legal spouse of the above named employee, hereby consent to the beneficiary designation above. I understand that because of my consent, in the event of my spouse's death, I may not be entitled to survivor benefits under the plan, and that this consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Spouse Date

The signature of your spouse must be witnessed by a Notary Public or Authorized Plan Representative.

State of _____, County of _____, I, _____, a Notary of said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of this instrument.

Witness my hand and Notarial Seal, this the _____ day of _____, 20 _____.

Signature of Notary Public or Plan Representative Date