

Retirement Plan Beneficiary Designation Form

Please complete this form to designate or change the beneficiaries on your retirement plan account. Print clearly in ink.

1. Participant Information

Full Name (Last, First, Middle Initial): <input type="text"/>		Social Security Number: <input type="text"/>
Date of Birth (MM/DD/YYYY): <input type="text"/>	Phone Number: <input type="text"/>	
Street Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	ZIP Code: <input type="text"/>

2. Primary Beneficiary Designation

I hereby designate the following person(s) as primary beneficiaries. Share percentages must total 100%.

Primary Beneficiary 1

Full Name: <input type="text"/>		Relationship: <input type="text"/>
Social Security Number: <input type="text"/>	Date of Birth (MM/DD/YYYY): <input type="text"/>	Share Percentage (%): <input type="text"/>
Address: <input type="text"/>		

Primary Beneficiary 2

Full Name: <input type="text"/>		Relationship: <input type="text"/>
Social Security Number: <input type="text"/>	Date of Birth (MM/DD/YYYY): <input type="text"/>	Share Percentage (%): <input type="text"/>
Address: <input type="text"/>		

3. Contingent Beneficiary Designation

In the event that there are no surviving primary beneficiaries, I designate the following person(s) as contingent beneficiaries. Share percentages must total 100%.

Contingent Beneficiary 1

Full Name: <input type="text"/>		Relationship: <input type="text"/>
Social Security Number: <input type="text"/>	Date of Birth (MM/DD/YYYY): <input type="text"/>	Share Percentage (%): <input type="text"/>

Address:

4. Spousal Consent (If Applicable)

If you are married and designate someone other than your spouse as a primary beneficiary, your spouse must consent to the designation by signing below.

Spouse Name (Printed):

Spouse Signature (Sign after printing):

Date (MM/DD/YYYY):

5. Participant Signature and Authorization

I certify that the information provided on this form is correct. I understand that this designation revokes any prior designations made by me.

Participant Signature (Sign after printing):

Date (MM/DD/YYYY):