

# **BENEFICIARY DESIGNATION FORM**

       **Married Participant**

I understand that I must elect my spouse as sole Primary Beneficiary under this plan unless he/she consents in writing to my naming another Primary Beneficiary.

       **Unmarried Participant**

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my plan administrator of any change in my martial status.

## PRIMARY BENEFICIARY

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

% Share \_\_\_\_\_

## CONTINGENT BENEFICIARY

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Social Security number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

% Share \_\_\_\_\_

I hereby designate the above individual(s) as my beneficiary(ies) to receive the benefit payable (if any) under this plan in respect of my death. I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies).

**X**

\_\_\_\_\_  
*Participant Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*