

(Please Print or Type)

Plan Name: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

## SECTION I – Beneficiary Designation – Use an Additional Sheet of Paper if Necessary

### PART A. - (Please Print)

#### 1). Primary Beneficiary(ies) – I hereby designate as my primary beneficiary(ies):

Name	Social Security #	Date of Birth	Address	Relationship	% Share

#### 2). Secondary Beneficiary(ies) – In the event my primary beneficiary(ies) should predecease me, I designate as my secondary beneficiary(ies):

Name	Social Security #	Date of Birth	Address	Relationship	% Share

### PART B. Filing Status (Check one.) Note: If you are in the process of divorce, you are still considered married.

- ☐ I am single, **legally** divorced or widowed. (Stop here; do not complete the rest of this form.)
- ☐ I am married and have designated my spouse as the primary beneficiary of **100 percent** of my account balance. (Stop here; do not complete the rest of this form.)
- ☐ I am married and have designated my spouse as the primary beneficiary of **less than 100 percent** of my account balance. (If you checked this option, read Section II and complete Section III.)

X

Participant's Signature

Date

## SECTION II – 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 to receive benefits, the plan must automatically pay a spousal death benefit consisting of 100 percent of your account balance to your surviving spouse (if any) as beneficiary unless your spouse consents to your beneficiary election.

### Waiving the Spousal Death Benefit

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

- You waive the spousal death benefit by completing Section III of this form: **AND**
- Your spouse voluntarily consents to both your waiver and your designated beneficiary(ies) by completing Section IV of this form.

**Note:** Even if your current beneficiary is a trust or an 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. Please direct any questions to your employer or Plan Administrator. However, you should consult your legal and/or financial advisor to determine what is best for your particular situation.

### SECTION III – Waiver of Spousal Death Benefit

Participant **MUST** Complete A and B Below if Box 3 in SECTION I - PART B Was Checked.

#### A. Waiver

I have read the Notice of Spousal Death Benefit in Section II 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.

X \_\_\_\_\_  
Participant's Signature Date

#### B. Spousal Information (Check one.)

- ☐ My spouse consents to my beneficiary designation(s) and waiver. *(If you checked this option, your spouse must read Section II and complete Section IV.)*
- ☐ 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 the 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.)*

### SECTION IV – Spousal Consent

Spouse **MUST** Sign Waiver and Have Signature Witnessed Below.

#### A. Waiver

I am the spouse of the Participant, and I have read the Notice of Spousal Death Benefit in Section II 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 in Section I 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.

X \_\_\_\_\_  
Spouse's Signature Date

#### B. Witness of Spousal Consent

Spousal consent **MUST** be witnessed by a Notary Public **OR** an Authorized Company Representative.

**Witnessed by a Notary Public**

**OR**

**Witnessed by an Authorized Company Representative**

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

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

**SIGNED:** \_\_\_\_\_

Authorized Company Representative

**DATE:** \_\_\_\_\_

Retirement Plan Administrators & Consultants