

Designation of Beneficiary

Company: _____

Your Information

Participant Name _____ SS# _____

This is my: Initial beneficiary designation Updated beneficiary designation

Primary Beneficiary Designation

Pursuant to the provisions of the Plan permitting the designation of a beneficiary/beneficiaries by a participant, I hereby designate the following person(s) as primary beneficiary(ies) of my accrued benefit under the Plan payable by reason of my death:

Name	Relationship	Date of Birth	SSN# (Full)	% of Benefit (Total = 100%)

Contingent Beneficiary Designation

In the event my primary beneficiary (ies) should predecease me, I hereby designate the following person(s) as contingent beneficiary(ies) of my accrued benefit under the Plan payable by reason of my death:

Name	Relationship	Date of Birth	SSN# (Full)	% of Benefit (Total = 100%)

Signature

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary and/or contingent beneficiaries. The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if survived by me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the provisions of the Plan.

Participant Signature

Date of Designation



If you are married and have designated your spouse as the primary beneficiary of *less than 100%* of your accrued benefit, you and your spouse will need to read and complete the second page of this Beneficiary Designation.

