

Individual(k) Designation of Beneficiary

Complete this form for your records only. Do not submit a copy to Ascensus.

GENERAL INFORMATION

Name of Plan _____ Client ID _____
Name of Employer _____
Name of Participant _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Social Security Number _____ Date of Birth _____

DESIGNATION OF BENEFICIARY

CURRENT MARITAL STATUS

- I Am Not Married** – I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new *Designation of Beneficiary* form and my spouse consents to my designation.
- I Am Married** – I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate a Primary Beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

DESIGNATION OF BENEFICIARIES

The following individual(s) shall be my beneficiary(ies). *Please check Primary or Contingent for each individual beneficiary.*

If neither is checked, the individual will be deemed to be a primary beneficiary.

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan balance.

- Primary** Name _____ Date of Birth _____
 Contingent Address _____
Social Security Number _____ Relationship _____ Share _____ %
- Primary** Name _____ Date of Birth _____
 Contingent Address _____
Social Security Number _____ Relationship _____ Share _____ %

CONSENT OF SPOUSE – *If Non-Spouse Beneficiary(ies) are named as Primary Beneficiary*

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving all or a portion of any rights I may have to receive benefits under the plan when my spouse dies.

Participant's Spouse Signature _____ Date _____
(Must be witnessed. See below.)

Witness of Spouse's Consent

The signature of the spouse must be witnessed by a Notary Public or plan representative as required.

Plan Representative/Notary Public _____ Date _____

SIGNATURES

Participant Signature _____ Date _____
Witness Signature _____ Date _____