



Beneficiary Designation — Survivor Annuity

1 Information about you

Please type or print clearly

Name of employer _____

Name of participant _____

SSN of participant
[][]-[][]-[][][][]

Date of birth (mm/dd/yyyy)
[][]-[][]-[][][][]

Plan type: 401(k) Profit-sharing plan (PSP) Money purchase pension plan (MPPP) [] 403(b)

Marital status: Married Single

2 Beneficiary designation

If the percentages don't add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. If you wish to customize your designation or need more space, please attach a separate sheet.

Primary beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no primary or contingent beneficiaries survive me, distribute any proceeds to my estate.

First name (print)	MI	Last	Relationship	_____ %
[][]-[][]-[][][][]		[][]-[][]-[][][][]		
SSN		Date of birth (mm/dd/yyyy)		

First name (print)	MI	Last	Relationship	_____ %
[][]-[][]-[][][][]		[][]-[][]-[][][][]		<u>100%</u>
SSN		Date of birth (mm/dd/yyyy)		

Contingent beneficiary(ies): (Complete only if you're naming a primary beneficiary above.)

First name (print)	MI	Last	Relationship	_____ %
[][]-[][]-[][][][]		[][]-[][]-[][][][]		
SSN		Date of birth (mm/dd/yyyy)		

First name (print)	MI	Last	Relationship	_____ %
[][]-[][]-[][][][]		[][]-[][]-[][][][]		<u>100%</u>
SSN		Date of birth (mm/dd/yyyy)		

3 Waiver of pre-retirement survivor annuity

Please be sure to read the instructions at the beginning of this form.

- A. I am married and have designated my spouse as the primary beneficiary to receive at least 50% of my vested account balance, which shall be payable in the form of a qualified pre-retirement survivor annuity or another form of benefit available under the plan if requested by my spouse.
- B. I am married and have designated someone other than my spouse to receive more than 50% of my vested account balance and thus waive my spouse's right to a qualified pre-retirement survivor annuity. I understand that, if I am under age 35, this waiver will automatically be revoked on the first day of the plan year in which I reach 35. On or after that date, I will have to obtain and complete a new beneficiary form if I wish to waive my spouse's right to the qualified pre-retirement survivor annuity.

4 Signatures

I understand that, if I am married and have not named my spouse as the primary beneficiary of 50% of my account balance, my spouse must consent to my designations

First name of participant (print) MI Last

X _____ / /
Participant's signature Date (mm/dd/yyyy)

5 Spousal consent

The signature of the spouse must be witnessed by either a plan representative or a notary public.

I am the spouse of the participant named in Section 1. I understand that my spouse's beneficiary designation means that I will not receive at least 50% of his or her vested account balance under the plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified pre-retirement survivor annuity. I hereby voluntarily consent to the primary beneficiary(ies) named in Section 2. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation or designates me to receive at least 50% of his or her vested account balance.

First name (print) MI Last

X _____ / /
Signature Date (mm/dd/yyyy)

Either a plan representative appointed by the employer or a notary public must witness the signature of the spouse.

Name of plan representative (print) **X** _____
Plan representative's signature

X _____
Notary public's signature State County

Subscribed and sworn to me the _____ day of _____, 20 _____
Month