



BENEFICIARY DESIGNATION FOR PLANS WITHOUT ANNUITY PROVISIONS

Plan Name: _____

Participant Name: _____
Print or Type Complete Legal Name – First, MI, Last

Social Security Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Check One: ☐ New Designation ☐ Change

I hereby acknowledge I have been informed by the Plan Administrator that if I am married and I die prior to commencing distribution of my benefits (if any) under the Plan, my vested account balance will automatically be paid to my surviving spouse. I have the right to waive the designation of my spouse as the sole beneficiary of my death benefit if my spouse consents in writing (witnessed by the Plan Administrator or Notary Public) to such waiver. I understand that I may revoke such waiver as may be made by me at any time before benefits commence without my spouse's consent.

SECTION I: BENEFICIARY DESIGNATION

Regarding any amount payable under the Plan by reason of my death, I hereby mark the option applicable to my situation and make the following beneficiary designation:

FOR UNMARRIED PARTICIPANTS (including widowed, divorced, or legally separated)

- ☐ **Not Married** and designate the individual(s) named below to receive death benefits from the Plan. I understand if I marry, this designation is void one year after my marriage (some Plans specify a shorter period). **Note:** If changing your beneficiary due to a legal separation or divorce, then you must attach a copy of the court decree.

FOR MARRIED PARTICIPANTS

- ☐ **Married** with spouse as sole beneficiary (spouse's signature is not required). I am married and designate my spouse, named below, to receive all death benefits from the Plan.
- ☐ **Married** with spouse **not** as sole primary beneficiary (spouse's signature **is required** in Section II). I am married and designate the individual(s) named below to receive death benefits in accordance with the Plan provisions. Note: If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent in Section II. The signature must be witnessed by the Plan Administrator or Notary Public. If you are younger than age 35, your spouse must again consent to this in writing at the start of the Plan Year in which you reach age 35 for this designation to remain in effect.

BENEFICIARY ELECTION

<u>Primary or Contingent?*</u>	<u>Name</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>% of Account*</u>

*Distributions will be paid to the primary beneficiaries unless they are also deceased, in which case the distributions will be paid to the contingent beneficiaries.

Percentages must total 100% for primary beneficiaries and 100% for contingent beneficiaries

If a minor is a primary beneficiary, please indicate the legal guardian to whom the distribution is to be paid:

Note to Participant:

(1) Estate planning: If you are not certain how the death distribution of your Plan account affects the disposition of your entire estate, or if you have any questions regarding the estate planning consequences of your beneficiary designation, you may wish to consult with a professional tax advisor before completing this Beneficiary Designation form.

(2) Effect of divorce: A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless the decree or a qualified domestic relations order provides otherwise.

SECTION 2: SPOUSE'S CONSENT**SPOUSE'S CONSENT TO WAIVER**

I hereby voluntarily consent to the elections made by my spouse (the Plan Participant). I understand that the effect of such elections and my consent thereto may reduce or eliminate any death benefit to which I may otherwise be entitled and that my consent is irrevocable unless my spouse revokes the beneficiary designation before benefits begin.

Signature of Participant's Spouse

Date

SECTION 3: WITNESS OF SPOUSE'S SIGNATURE (only one witness signature required)

Plan Administrator Signature

Date

OR

WITNESS OF SIGNATURE by Notary Public

Signature of Notary Public

Date

My commission expires _____

Stamp or Seal

SECTION 4: REQUIRED SIGNATURES

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives 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 Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

Participant Signature

Date

Plan Administrator Signature

Date

THIS DESIGNATION REVOKES ALL PRIOR DESIGNATIONS FILED WITH THE PLAN ADMINISTRATOR

CHANGES TO THIS DESIGNATION OF BENEFICIARY MAY BE MADE AT ANY TIME BY COMPLETING A NEW FORM AND FILING IT WITH THE PLAN ADMINISTRATOR

**THIS FORM IS TO BE KEPT ON FILE AT THE EMPLOYER'S ADDRESS
SO THAT IT IS ACCESSIBLE TO THE EMPLOYEE**

DO NOT RETURN TO THE RETIREMENT ADVANTAGE, INC.