



## **Beneficiary Designation Form Instructions**

### **PURPOSE:**

An Employee must complete this form to designate the Beneficiary(ies) who will receive his or her Plan benefits in the event of death.

### **INSTRUCTIONS:**

The form should be completed with each Employee's initial election and then anytime a Beneficiary change is desired. It is important that all eligible employees complete this form, whether deferring or not. If the Employee is married, the spouse must be listed as the Beneficiary unless spousal consent is given.

If an Employee designates his/her spouse as Beneficiary and subsequent to such Beneficiary designation, the Employee and spouse are legally divorced or legally separated, the designation of the spouse as Beneficiary under the Plan is automatically rescinded unless specifically provided otherwise under a divorce decree or QDRO, or unless the Employee enters into a new Beneficiary designation naming the prior spouse as Beneficiary.

The Employee can change or revoke a Beneficiary designation at any time by completing a new designation form with an Authorized Employer Representative.

When completing the form, follow these steps:

1. Name and Social Security Number (SSN) must be legible and completed in full.
2. The Employee must indicate either married or not married by checking the appropriate box.
3. The Primary Beneficiary(ies) Name, Social Security Number (SSN), Share %, Date of Birth and Relationship must be legible and completed in full.
4. Contingent Beneficiary(ies) may be listed if desired.
5. If married, Spousal Consent is required only if the spouse is NOT 100% Primary Beneficiary. Spousal signature must be notarized.
6. The form must be signed and dated by the Employee and by an Authorized Employer Representative.

### **FORM RETENTION:**

The Employer is responsible for maintaining the original form(s).