

401(k) Beneficiary Designation Form

Plan Name: _____

Your Information			Spouse Information (if applicable)		
Legal Name	Social Security #	Marital Status	Legal Name	Date of Birth	Social Security #
		<input type="checkbox"/> Single <input type="checkbox"/> Married			

Beneficiary Designation

I understand that if my spouse is not designated as my sole Primary Beneficiary, my spouse must consent to this designation.

Subject to the terms of the Plan and the General Provisions below, I hereby revoke any prior designation and designate the following Beneficiary(ies).

Primary Beneficiary:

Legal Name	Percentage	Relationship	Date of Birth (optional)	Social Security # (optional)

Contingent Beneficiary:

Legal Name	Percentage	Relationship	Date of Birth (optional)	Social Security # (optional)

General Provisions

Upon my death, any benefit payable under the plan shall be:

- A. Divided between and aid in equal shares (unless I have specified percentages above), to the Primary Beneficiary(ies) who survive my death; or
- B. If no Primary Beneficiary survives my death, divided between and plaid in equal shares (unless I have specified percentages above), to the Contingent Beneficiary(ies) who survive my death; or
- C. If no Beneficiary designation or if no designated beneficiary survives my death, paid in full to my surviving spouse, or if I do not have a surviving spouse, to my estate.

I understand that terms, provisions and limitations of the plan, including any amendments, shall always govern (1) my rights to a Plan Benefit (2) my designation of Beneficiary and (3) the rights of any such designated Beneficiary(ies), and all such personals claiming through me or them. I understand that the designation of a Beneficiary other than my spouse will not be valid and that all death benefits will be paid to my spouse as of my death unless (1) my spouse consents to such designation as provided below in the presence of an authorized Plan representative or Notary Public, or (2) to the satisfaction of the Plan Administrator, my spouse cannot be located or for other reasons valid under Federal Law, my spouse cannot provide such consent.

I also understand that if there is any change in my marital status, I must notify the Plan administrator of such a change and complete a new Beneficiary Designation.

Terms of the Plan have been explained to me.

I declare under penalty of perjury that the provisions above are true and correct.

Participant Signature: _____ **Date:** _____

Over for spousal signature if not sole primary beneficiary

Spouse must complete this section if your spouse is not the sole primary beneficiary.

I hereby consent to the designation by my spouse of the Primary Beneficiary(ies) above. I understand (1) that such designation will cause all or a portion of my spouse's death benefits to be paid to a beneficiary other than myself; (2) that such designation requires my consent; and (3) that my consent is irrevocable (cannot be changed) unless my spouse revokes (cancels) the Beneficiary designation.

This consent is voluntary, no coercion or undue influence has been exercised to make me consent to this designation.

Signature of Spouse: _____

Date: _____

Signature of Plan Representative or Notary Public

Please submit the completed form to your Plan Administrator