



# 401(k) Beneficiary Designation Form

## Participant Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Social Security Number								
<input type="text"/>						<input type="text"/>					
Name of Employer						Date					

## I. Notice of Surviving Spouse's Benefit

Under this Plan, the surviving spouse of a deceased Participant is generally entitled to a "surviving spouse's benefit" equal to the Participant's vested account balance at the time of death.

Unless the surviving spouse's benefit is waived, a Participant may not designate that any portion of his or her vested account balance be paid as a death benefit to a beneficiary or beneficiaries other than his or her surviving spouse. For example, if a Participant designates his or her parents as beneficiaries and later marries but dies without having changed his or her beneficiary designation, the entire vested account balance will be paid to the surviving spouse rather than the deceased Participant's parents. Similarly, if a married Participant designates that his or her vested account be divided in equal shares among the surviving spouse and their three children but the surviving spouse's benefit is not waived, the surviving spouse must receive the entire vested account balance.

The surviving spouse's benefit cannot be waived unless the spouse gives his or her written consent (Part III of this form) or the Participant certifies that he or she does not know the whereabouts of the spouse. To become effective, this form must be properly completed and submitted to the Plan Administrator (Employer).

## II. Designation of Beneficiary / Optional Waiver of Surviving Spouse's Benefit

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. The total share for the Primary Beneficiaries must equal 100% and the total share for the Secondary Beneficiaries, if any, must equal 100%.

### Primary Beneficiary(ies):

A.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	M.I.	Last Name	Share/Percentage	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth (MM-DD-YYYY)		Social Security Number		Relationship
B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	M.I.	Last Name	Share/Percentage	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth (MM-DD-YYYY)		Social Security Number		Relationship
C.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	M.I.	Last Name	Share/Percentage	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth (MM-DD-YYYY)		Social Security Number		Relationship

If none of the Primary Beneficiaries designated above survive me, payment shall be made to the following Secondary Beneficiaries:

### Secondary Beneficiary(ies):

A.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	M.I.	Last Name	Share/Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth (MM-DD-YYYY)		Social Security Number	
B.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	M.I.	Last Name	Share/Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth (MM-DD-YYYY)		Social Security Number	
			Relationship	

