

**BENCOR NATIONAL GOVERNMENT EMPLOYEES RETIREMENT PLAN  
DESIGNATION OF NON-SPOUSAL BENEFICIARY**

PLAN SPONSOR:

Name of Participant (Please Print):

Social Security Number of Participant:

Account Number:

Address of Participant:

PLEASE NOTE: If you are not married, or if you DO wish to designate your spouse as your beneficiary, please contact BENCOR Administrative Services for the proper designation of beneficiary form. DO NOT COMPLETE THIS FORM.

I AM CURRENTLY MARRIED, and I do NOT wish for my spouse to receive all death benefits.  
(Spousal consent is required for this option)

I designate the following person(s) to receive death benefits:

NAME:

% SHARE

RELATIONSHIP:

SS #:

ADDRESS:

NAME:

% SHARE

RELATIONSHIP:

SS #:

ADDRESS:

NAME:

% SHARE

RELATIONSHIP:

SS #:

ADDRESS:

Signature of Plan Participant: \_\_\_\_\_

Date:

PLEASE NOTE THE FOLLOWING:

- 1) If there is any change in your marital status you MUST obtain and properly complete and return a new Designation of Beneficiary Form.
- 2) If more than one Beneficiary or contingent beneficiary is named, the persons named will be equal beneficiary unless otherwise specified.
- 3) This Designation of Beneficiary Form will remain in force until such time as you may elect to change it, subject to the provisions of the Plan.
- 4) This Designation of Beneficiary form must be returned to BENCOR, Inc. at the address listed applicable sections properly completed.

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As the spouse of the participant named above, I irrevocably consent to waive my right to death benefits under the above referenced Plan. I understand that any and all death benefits will be paid to the person(s) named above, and that these benefits would have otherwise been paid to me.

Signature of Spouse: \_\_\_\_\_

Date:

Notary Public: \_\_\_\_\_