

\_\_\_\_\_ *[insert name of plan]*

**DEFINED BENEFIT PENSION PLAN  
DEATH BENEFICIARY DESIGNATION FORM**

Personal Information (Please Print or Type)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number and E-Mail Address

Phone Number ( \_\_\_\_\_ ) E-Mail Address: \_\_\_\_\_

Note: Both the Participant and the Spouse should carefully review the QPSA Notice attached to this form prior to signing.

Beneficiary Designation—Choose Option 1, 2 or 3

Option #

1. I am married and hereby designate my Spouse as my Sole Primary Beneficiary of any death benefits under the Plan with benefit paid as a SINGLE LIFE ANNUITY . I understand that all payments stop on my Spouse's death.  
(Spouse's Signature not Required)

2. I am married but I am electing either : (1) my Spouse as my Sole Primary beneficiary but with benefits paid in a form other than a Single Life Annuity, (for example, a SINGLE LUMP SUM) or (2) I am married but I am electing someone other than or in addition to my Spouse as my Primary Beneficiary, (for example, the Participant's children) **(your Spouse must consent in either case and your Spouse must sign in the presence of either a Notary Public or a Plan Representative in order for your designation to be valid)**

I hereby certify that, although I am married, my Spouse cannot be located. I understand that my designation shall not be valid unless the Plan Administrator determines, to its satisfaction, that my Spouse cannot be located.

*(To be completed by the Plan Administrator)*

The Plan Administrator has determined to its satisfaction that the Participant's Spouse cannot be located.

The Plan Administrator has not been able to determine to its satisfaction that the Participant's Spouse cannot be located and therefore, the Participant's designation is rejected.

---

Signature of Plan Administrator

I hereby certify that, although I am married, my Spouse and I are Legally Separated or my Spouse has abandoned me and I have a court order, valid under the applicable State law, to such effect which is attached. I understand that, in the absence of such a valid court order, my designation to name someone other than or in addition to my Spouse and/or to elect a form other than a Single Life Annuity for my Spouse is invalid unless my Spouse has consented in accordance with this Form.

3. I am neither married, separated nor am I in the process of a divorce. I understand that if I were separated or in the process of divorce, my Spouse must nevertheless consent to this designation if I name someone other than or in addition to my Spouse or name my Spouse as my sole Primary Beneficiary but elect a form of payment other than the Single Life Annuity or I must attach a Legal Order of Abandonment or a Legal Separation Order, valid under the applicable State law in order for my designation of someone other than or in addition to my Spouse or to elect payment in a form other than a Single Life Annuity for my Spouse in order for my election to be valid without my Spouse's consent on this Form.

I understand and acknowledge that if my marital status changes, I must immediately notify the Plan Administrator and that my designation as an unmarried Participant will no longer be valid [after one year of marriage].

ALL MUST COMPLETE THE FOLLOWING

Having read both the above and the attached QPSA Notice, I hereby designate the following as my Primary Beneficiary(ies) in the event of my death:

Note: Unless you designate otherwise, if two or more beneficiaries are named (either as both Primary or as both Contingent Beneficiaries), the proceeds shall be paid equally. If you are under age 35, you must sign a new Beneficiary Designation Form, and your Spouse may be required to also sign in accordance with the rules discussed above, during the Plan Year you reach age 35. You should be sure and request a new Beneficiary Designation Form from the Plan Administrator on or shortly after the first day of the Plan Year preceding your 35th birthday.

After having read the above, I hereby designate the following as my Primary and Contingent Beneficiaries. I understand and acknowledge that unless I specify otherwise by completing a different percentage, if I designate more than one Primary or more than one Contingent Beneficiary, all such beneficiaries within a category (for example, all named Primary Beneficiaries) shall share in equal percentages. If one or more Primary Beneficiaries shall predecease me, the remaining Primary Beneficiaries shall share equally in the share of the deceased Primary Beneficiary(ies). (The same rule applies in the event Contingent Beneficiaries become entitled to benefits).

If all my Primary and Contingent Beneficiaries should predecease me or should I fail to properly designate a beneficiary, amounts payable due to be death will be paid to my Spouse, if alive, or if not to \_\_\_\_\_ (*insert plan's default designations*).

I hereby designate the following as the Primary Beneficiary(ies) of any benefits that become payable under the Plan due to my death:

Name:	Date of Birth	Relationship	Soc. Sec. #	Address	%