

Designation of Beneficiary Form

Plan Information

PLAN NAME

PLAN NUMBER

Account Holder Information

ACCOUNT HOLDER NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

DATE OF HIRE

Current Marital Status

- I Am Not Married.** I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married.** I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate a Primary Beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

Designation of Beneficiary

The following individual(s) will be my beneficiary(ies). *Please check Primary or Contingent for each individual beneficiary.* **If neither is checked, the individual will be deemed to be a primary beneficiary.** If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro-rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my account.

- Primary Contingent

NAME

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

SHARE %

CITY, STATE, ZIP

RELATIONSHIP

- Primary Contingent

NAME

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

SHARE %

CITY, STATE, ZIP

RELATIONSHIP

- Primary Contingent

NAME

SOCIAL SECURITY NUMBER

ADDRESS

DATE OF BIRTH

SHARE %

CITY, STATE, ZIP

RELATIONSHIP

If the Beneficiary is a Trust, please complete the following:

- Primary Contingent

NAME OF TRUST

TRUSTEE NAME

DATE OF TRUST

TRUSTEE ADDRESS

TRUSTEE CITY, STATE, ZIP

TRUSTEE PHONE NUMBER

Signatures

Consent of Spouse

I am the spouse of the account holder named above. I hereby consent to the above designation of beneficiary.

I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

If Non-Spouse
Beneficiary (ies) are
named as Primary
Beneficiaries.

ACCOUNT HOLDER'S SPOUSE SIGNATURE

DATE

Witness of Spouse's Consent

WITNESS: Notary Public (Applies to either or both elections.)

Subscribed and sworn to before me on this _____ day of _____, 20_____

The signature of
the spouse must
be witnessed by
a notary public.

SIGNATURE

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filling out a new Designation of Beneficiary form. A new Designation of Beneficiary will supersede all prior designations.

ACCOUNT HOLDER SIGNATURE

DATE

Retain the original form for your records and return a copy to The Pension Design Group at:

*760 Lakeview Plaza Blvd., Suite 700
Worthington, OH 43085
Phone 614.888.6008
Fax 614.888.6173
clientservices@pensiondesigngroup.com*