



We Deliver Performance

**DESIGNATION OF BENEFICIARY**

Name of Trust: \_\_\_\_\_

Employee Name: \_\_\_\_\_

The undersigned hereby designates \_\_\_\_\_  
(Primary Beneficiary: Print Name)

\_\_\_\_\_  
(Primary Beneficiary: Print Relationship and Address)

if living; otherwise, \_\_\_\_\_  
(Alternative Beneficiary: Print Name)

\_\_\_\_\_  
(Alternative Beneficiary: Print Relationship and Address)

as the beneficiary or beneficiaries to whom shall be paid any trust assets which may become payable under said agreement in the event of the death of the undersigned, and hereby reserves the right to change any such beneficiary in the manner provided by law and the terms of said agreement.

**IF THE PRIMARY BENEFICIARY IS ANYONE OTHER THAN THE SPOUSE, A MARRIED PARTICIPANT MUST OBTAIN THE WRITTEN CONSENT (BELOW) OF HIS/HER SPOUSE AND HAVE IT WITNESSED BY A NOTARY PUBLIC. PLEASE COMPLETE THE FOLLOWING:**

The Primary Beneficiary is my spouse. Date of Birth: \_\_\_\_\_  
My spouse's written notarized consent to the above beneficiary designation is below.  
I am not legally married.

*This instrument shall become null and void if on the date of death of the Participant:*

- The Participant has been married for more than one year; and
- The Beneficiary is other than the Participant's spouse; and
- The Participant's spouse has not consented to the beneficiary designation.

This instrument shall become effective when properly executed and delivered to the Plan Administrator.

\_\_\_\_\_  
Signature of Participant Date

**SPOUSAL CONSENT**

I, the Participant's spouse, understand and acknowledge that I am waiving any legal right to a survivor benefit which the plan would otherwise provide me.

\_\_\_\_\_  
Spouse's Signature Date

**WITNESSED**

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary Public: \_\_\_\_\_ (Seal of Notary)

My commission expires on \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_