

DESIGNATION OF BENEFICIARY



Office # _____

IMPORTANT INFORMATION

- A. This designation may be changed at any time.
- B. A new designation should be filed if you become married, divorced, or if your spouse or other beneficiary dies.
- C. Shares of benefit (section 3 or 4) will be assigned equally if not otherwise specified. If specified, shares must add up to 100%.
- D. This designation revokes any prior designations.
- E. You must sign and date this form and it must be signed by a witness that is not a designated beneficiary.
- F. If you later divorce your spouse, your former spouse is no longer your beneficiary.

MEMBER INFORMATION

| | | |
|--|------------------|------------|
| | Full Name: _____ | SSN: _____ |
| Current Marital Status: <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/> NEVER MARRIED | | |

SPOUSE INFORMATION A surviving spouse or civil union partner is considered your primary beneficiary.

| | | | |
|--|---------------------------|--------------|------------------------------------|
| | Spouse's Full Name: _____ | 100 % | Spouse's SSN: (If Available) _____ |
|--|---------------------------|--------------|------------------------------------|

NEXT BENEFICIARY AFTER SPOUSE

| BENEFICIARY NAME | RELATIONSHIP | SHARE | BENEFICIARY NAME | RELATIONSHIP | SHARE |
|------------------|--------------|-------|------------------|--------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

CONTINGENT BENEFICIARIES

| BENEFICIARY NAME | RELATIONSHIP | SHARE | BENEFICIARY NAME | RELATIONSHIP | SHARE |
|------------------|--------------|-------|------------------|--------------|-------|
| | | | | | |
| | | | | | |

MEMBER SIGNATURE

MEMBER SIGNATURE REQUIRED



_____ _____
 Member Signature – (Cannot be signed by an Agent or by a person with Power of Attorney) Date

WITNESS This form MUST be signed by a witness, who MAY NOT be a spouse or any of the beneficiaries listed above.

WITNESS SIGNATURE & ADDRESS REQUIRED



_____ _____ _____
 Printed Witness Name Witness Signature Date

_____ _____
 Witness Address

_____ _____ _____
 City State Zip