BENEFICIARY DESIGNATION FORM (option 1)

|  |  |  |
| --- | --- | --- |
| name of plan(s)  {Company Name} Profit Sharing Plan | | |
| name of participant | participant’s social security no. | |
| marital status | date of birth | sex |
| employment date | plan entry date | |

If any benefits are payable from this Plan in the event of my death, I hereby designate the following primary and contingent beneficiaries:

PRIMARY CONTINGENT

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Name | |
| Relationship | % | Relationship | % | |
| Name | | Name | |
| Relationship | % | Relationship | % | |
| Name | | Name | |
| Relationship | % | Relationship | % | |

I fully understand that if I have designated a primary beneficiary other than my spouse, my spouse must consent to the designation. I also understand that I may revoke or change this designation by completing a revised BENEFICIARY DESIGNATION FORM, and filing such form with the Plan Administrator or Advisory Committee. I further understand that this designation will remain in force until such time as I revoke it.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Participant’s Signature

SPOUSAL CONSENT (If Applicable)

I, the undersigned, fully understand that my spouse has designated a primary beneficiary other than myself. I further understand that any benefit payable from this Plan(s) will be paid to the beneficiaries designated above in the event of my spouse’s death. I hereby give consent to the beneficiaries designated above.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Participant’s Signature