

## BENEFICIARY DESIGNATION FORM

Plan Sponsor: \_\_\_\_\_

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

*If you die before receiving all of your plan benefits from all tax-qualified retirement plans of the Plan Sponsor (and its affiliates), below are your legally-binding instructions to the trustees of such plans. You can change these instructions at any time by completing a new form. You must complete a new form if your marital status changes. If you are married on the date of your death, your plan benefits shall be paid to your spouse, unless you designate otherwise on this form and your spouse agrees and signs this form. If you are unmarried on the date of your death, and there is no beneficiary designation on file, your plan benefits shall be paid to your estate, and shall be subject to all applicable laws and regulations related to the administration of your estate, including any probate requirements.*

### Section A – Primary Beneficiary Designation

If any Primary Beneficiary dies prior to the distribution of your plan benefits, and there is at least one surviving Primary Beneficiary at that time, your plan benefits shall be distributed to the living Primary Beneficiaries and to the estates of any deceased Primary Beneficiaries, in the same percentages as provided in the Primary Beneficiary Election below.

**I am not married at this time, or I am legally separated.** I designate the following individuals to receive my benefits from all plans of the Plan Sponsor (and its affiliates), in the event of my death prior to the time I receive all my retirement benefits:

<u>Names of Primary Beneficiaries</u>	<u>Share of Benefits</u>	<u>Addresses</u>
1. _____	_____ %	_____
2. _____	_____ %	_____
3. _____	_____ %	_____

**I am married at this time.** I understand that if I become divorced or legally separated pursuant to a court order, then this beneficiary designation shall immediately and automatically be revoked, and that unless I make a subsequent beneficiary designation, then upon my death my plan benefits shall revert to my estate, other than any portion of my plan benefits subject to division pursuant to a qualified domestic relations order (QDRO) or any other court-ordered settlement.

**My spouse is my sole beneficiary.** Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**My spouse is not my sole beneficiary.** By signing below, my spouse has agreed to the beneficiary designation other than him/her, for all or part of my plan benefits. I designate the following individuals to receive my benefits from all plans of the Plan Sponsor (and its affiliates), in the event of my death prior to the time I receive all my retirement benefits:

<u>Names of Primary Beneficiaries</u>	<u>Share of Benefits</u>	<u>Addresses</u>
1. _____	_____ %	_____
2. _____	_____ %	_____
3. _____	_____ %	_____

**I waive my rights to these benefits, and hereby consent to the beneficiaries designated above. I understand that if my spouse dies prior to receiving these benefits, I will not be entitled to any form of payment of these waived benefits, including a monthly annuity payment of these waived benefits.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (Notary or Plan Representative)  
**YOU CANNOT WITNESS YOUR SPOUSE'S SIGNATURE**

### Section B – Contingent Beneficiary Designation

I designate the following individuals to receive my benefits from all plans of the Plan Sponsor (and its affiliates), in the event of my death and the death of all of my Primary Beneficiaries prior to the distribution of all my plan benefits:

<u>Names of Contingent Beneficiaries</u>	<u>Share of Benefits</u>	<u>Addresses</u>
1. _____	_____ %	_____
2. _____	_____ %	_____
3. _____	_____ %	_____

### Section C – Participant's Signature

I confirm that this form properly designates my wishes and marital status on the date shown below.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (any adult)

**Return to: Heller Pension Associates, Inc., 1363 Route 9G, Hyde Park, NY 12538 or Fax: (845) 229-2302**