

INSTRUCTIONS FOR BENEFICIARY DESIGNATION FORMS

TO: _____

FROM: Heller Pension Associates, Inc.

Congress passed the Retirement Equity Act in 1984, and as a result,

- If you are married, your plan benefits are automatically paid to your spouse upon your death, unless you designate otherwise and your spouse agrees in writing on the attached form.
- If you are unmarried or legally separated, you have the right to designate on the attached form any beneficiary you wish.

Therefore, please fill in the attached form to provide us with your beneficiary designation.

SECTION 1: Circle 1, 2 or 3 and go to Section 2.
PLEASE NOTE that choice 3 is applicable if you are unmarried or legally separated.

SECTION 2: **IF YOU CIRCLED CHOICE 1 IN SECTION 1:**
Fill in A and go to Section 3.
IMPORTANT: Do NOT have your spouse sign this form if you have circled choice 1. This would invalidate the form.

IF YOU CIRCLED CHOICE 2 IN SECTION 1:
Fill in B. Your spouse must sign and date the form, and his/her signature must be witnessed by a Plan Representative or Notary.
PLEASE NOTE that you cannot witness your spouse's signature.
Then go to Section 3.

IF YOU CIRCLED CHOICE 3 IN SECTION 1:
Fill in B and go to Section 3.

SECTION 3: Sign, date and have your signature witnessed by any adult.

PLEASE BE SURE TO HAVE THIS FORM WITNESSED APPROPRIATELY BEFORE RETURNING IT TO US. THANK YOU FOR YOUR COOPERATION.

SEND TO: Heller Pension Associates, Inc.
1363 Route 9G
Hyde Park, New York 12538

INSTRUCTIONS FOR BENEFITS PAYABLE UPON DEATH BEFORE RETIREMENT FORMS

TO: _____

FROM: Heller Pension Associates, Inc.

Under existing law, married plan participants who die must have their vested pension benefits paid to their spouse in the form of a monthly annuity payment for the life of the spouse.

HOWEVER, you can change this by signing the attached form in Section 2. Your spouse will have to sign as well, and his/her signature **MUST** be witnessed by a **PLAN REPRESENTATIVE** or **NOTARY PUBLIC**.

If you and your spouse sign the attached form, then payment, upon your death, can be made to your spouse (or other designated beneficiaries) in any form allowed by the plan. This would include a lump sum; most people choose this form.

If you are not married or are legally separated, please indicate that on the attached form by signing Section 1 and having your signature witnessed by any adult.

**PLEASE BE SURE TO HAVE THIS FORM WITNESSED APPROPRIATELY
BEFORE RETURNING IT TO US. THANK YOU FOR YOUR COOPERATION.**

SEND TO: Heller Pension Associates, Inc.
1363 Route 9G
Hyde Park, New York 12538

BENEFITS PAYABLE UPON DEATH BEFORE RETIREMENT FORM

PLAN SPONSOR: _____

PARTICIPANT: _____

If you are not married or are legally separated at the present time, complete Section 1 only.

If you are married at the present time, complete Section 2 only.

<p><u>Section 1</u></p> <p>Unmarried or Legally Separated</p>	<p><i>I am not married at the present time.</i></p> <p>_____</p> <p>Participant's Signature Date Witness Signature</p>
<p><u>Section 2</u></p> <p>Married</p> <p>sign, date and have witnessed by any adult</p>	<p><i>I am married at the present time.</i></p> <p><i>I understand that if I die prior to retirement age, my death benefit will be paid to my spouse in the form of an annuity over his/her life. The amount of such benefit will be determined under the terms of the plan.</i></p> <p><i>I hereby elect to waive the right to have my pre-retirement death benefit under the plan paid to my spouse in the form of an annuity for his/her life, and hereby grant him/her the option of choosing any form allowed by the plan.</i></p> <p><i>I understand that I may revoke this waiver at any time without my spouse's consent.</i></p> <p>_____</p> <p>Participant's Signature Date Witness Signature</p>
<p>spouse must sign, date and have witnessed by a notary or plan rep.</p>	<p><i>I hereby consent to my spouse's election to waive the pre-retirement survivor annuity.</i></p> <p>_____</p> <p>Spouse's Signature Date Witness Signature*</p> <p>(Notary or Plan Representative)</p> <p>* YOU CANNOT WITNESS YOUR SPOUSE'S SIGNATURE</p>

CONTINGENT BENEFICIARY DESIGNATION FORM

PLAN SPONSOR: _____

PARTICIPANT: _____

<p><u>Section 1</u></p> <p>fill in contingent beneficiary</p>	<p><i>The individuals named below represent my selection of contingent beneficiary(ies) in the event of the death of my primary beneficiary(ies).</i></p>		
	<p><i>Those person(s) indicated below will be entitled to receive death benefits due me from the pension/profit sharing plan in the event my primary beneficiary(ies) predeceases me or dies at the same time that I die.</i></p>		
	<u>Name of Contingent Beneficiary</u>	<u>Address</u>	<u>% of Benefits</u>
<p><u>Section 2</u></p> <p>date, sign and have witnessed by any adult</p>			
	<p>Participant's Signature _____</p>	<p>Date _____</p>	<p>Witness Signature _____</p>

AFTER COMPLETING THIS FORM, SEND IT TO
 Heller Pension Associates, Inc.
 1363 Route 9G
 Hyde Park, New York 12538