# Designation of Beneficiary Form ABC Company 401k Retirement Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)				Plan ID: ABC111111	
Employee Name:					
Street:		City:	State:	Zip:	
Social Security Number:					
Date Of Birth:					
I hereby revoke any Designation of E following as my Beneficiary(ies) unde		ously have made under the	above Plan and d	esignate the	
Primary Beneficiary(ies)					
Name	Relationship	Social Security Number	Date of Birth	% Share	
			Ν	/ust Total 100%	
Contingent Beneficiary(ies)					
Name	Relationship	Social Security Number	Date of Birth	% Share	
			Ν	/ust Total 100%	

## CURRENT MARITAL STATUS: (Check One)

- □ I am not married. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- □ I am married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the back of this form. (If consent of your spouse cannot be obtained e.g., cannot be located or is incapacitated contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant's Signature

Date

#### SPOUSE'S CONSENT

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation on the reverse side hereof without first obtaining my written consent.

Name of Spouse	Spouse's	s Signature	Date	
Sworn to, and witnessed by Name of Notary Public:		day of	(month),	
2				
Name of Plan Administrato	r	Plan Administrator's Signature	Date	

#### EXPLANATION OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITIES (QPSA)

If you are a married participant in a qualified retirement plan – such as a 401(k) – the law requires that upon your death your Plan account balance be paid to your spouse in the form of a *Qualified Pre-retirement Survivor Annuity* (QPSA). A QPSA will periodically distribute your retirement account to your spouse over his/her lifetime. The size of each payment will be based upon your Plan account balance at the time of your death.

You may elect to waive that your surviving spouse be paid in the form of a QPSA. You may elect to waive the QPSA beginning on the day you become a participant in the Plan. Any waiver you sign before age 35 will become invalid the first day of the Plan year in which you are age 35. At that time you may waive the QPSA and the requirement that your spouse be your beneficiary. Your spouse must consent in writing to this waiver. You may revoke any waiver that you have made at any time before your death. Your spouse must consent to any changes of beneficiary. If your vested account balance is \$5000 or less, upon your death, the Plan Administrator may make a distribution to your surviving spouse in a single sum cash payment, even if you did not waive the QPSA.

You should immediately notify your Plan Administrator of any change in your marital status. A change may require you to complete a new Designation of Beneficiary Form. For more information regarding Qualified Pre-retirement Survivor Annuities, contact your Plan Administrator.

Employee Waiver. As a married employee in the Plan, I have read the information about Qualified Pre-retirement Survivor Annuities. I waive the requirement that, upon my death, my spouse be paid my benefits in the form of a Qualified Pre-retirement Survivor Annuity. I understand and agree that this waiver is valid only if my spouse understands and signs the statement below.

Participant's Signature

Date

Spousal Consent to Waiver. I am the spouse of the employee named above. I understand and agree that his/her benefits are not to be paid in the form of a Qualified Pre-retirement Survivor Annuity upon death. I understand that my consent remains in effect unless my spouse revokes the above waiver. The spouse's signature must be witnessed by a notary public.

Spouse's Signature	Date	
Sworn to, and witnessed by me, this day of	_ (month),	
Name of Notary Public:		
Notary Public's Signature:		

### Additional Information:

You may make a written request to your Plan Administrator requesting a personalized statement describing the effect of electing an optional form of benefit and providing a comparison of the relative values under each available optional form of benefit.