

# Beneficiary Designation

You must check box(es) that apply:  401(k) Thrift/Profit Sharing  Contributory or Noncontributory Retirement

Use this form to designate a beneficiary or beneficiaries to receive the death benefits payable after your death. Please type or print the information requested. Obtain spousal consent if necessary. Return the completed form to Associated Benefits Corporation, 1415 28th Street, Suite 100, West Des Moines, IA, 50266-1450. A copy will be returned to you.

## Section I. Personal Data

1. Name \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Daytime Phone
5. Address \_\_\_\_\_  
Street Address or Box Number
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State Zip Code
9. Is this a new address?  Yes  No
10.  Single  Married 11. \_\_\_\_\_ 12. \_\_\_\_\_  
Employer Name Employer Group No.

## Section II. Designation Guidelines. Please read carefully before naming a beneficiary.

In the event, you are not survived by your beneficiary(ies), or you have not named a beneficiary, the Plan designates the order of precedence for payment of your death benefits: 1. Your surviving spouse 2. In equal parts to your surviving children 3. In equal parts to your surviving parents 4. In equal parts to your surviving siblings 5. Your estate (executors and administrators).

If you are married, your spouse must be named as your only primary beneficiary unless your spouse consents and signs the Spousal Waiver section of the form in the presence of a notary public or a representative of the Plan. To designate more beneficiaries than space allows, attach and sign a separate piece of paper. When designating beneficiaries, please use whole percentages and be sure that the percentages total 100%.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to the primary beneficiary(ies) who survive you. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive you, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

Benefits cannot be paid directly to minor children therefore you should not name a minor child as primary or contingent beneficiary without naming a guardian. In the event of your death, the death benefits would be paid to the guardian. You may also establish a trust and designate the trust as beneficiary for your children. Any payments due from the Plan upon your death will be then be paid to the trust.

## Section III. Primary Beneficiary Designation

I hereby designate the person(s) named below as primary beneficiary(ies) to whom any benefits payable on account of my death are to be paid under the terms of the Plan.

1. \_\_\_\_\_ Percentage: \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Relationship
2. \_\_\_\_\_ Percentage: \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Relationship
3. \_\_\_\_\_ Percentage: \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Relationship

Check here if additional pages are used to name additional primary beneficiaries.

**Section IV.  
Contingent  
Beneficiary  
Designation**

**If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that any benefits payable from the Plan be distributed to my contingent beneficiary(ies) listed below.**

1. \_\_\_\_\_ Percentage: \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Relationship
2. \_\_\_\_\_ Percentage: \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Relationship
3. \_\_\_\_\_ Percentage: \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth (Mo/Day/Year) Relationship

Check here if additional pages are used to name additional contingent beneficiaries.

**Section V.  
Your  
Signature**

**I designate the person(s) listed on this form as my beneficiary(ies) to receive the specified percentages of the benefits payable upon my death under the terms of the Plan. I may, at any time prior to receipt of my full benefit, revoke or amend any such designation previously made. This designation revokes any previous beneficiary designations made by me under this Plan.**

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

**Section VI.  
Spousal  
Waiver**

**This section must be completed only if you are married and have not designated your spouse as your only primary beneficiary. In that event, this section must be signed by your spouse in the presence of a notary public or an ABC Plan representative to be effective.**

*I hereby consent to the designation of beneficiary(ies) listed on this form. I understand that under this designation, I am waiving all or a portion of my rights to my spouse's death benefits payable from the Plan. I understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.*

\_\_\_\_\_  
Signature of Participant's Spouse Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and affirmed to before me on \_\_\_\_\_ Date by \_\_\_\_\_ Spouse's Name

\_\_\_\_\_  
Signature of Notary Public or ABC Plan Representative

\_\_\_\_\_  
My Commission Expires

**Section VII.  
Authorization  
by ABC**

This request for designation of beneficiaries is effective upon receipt and acknowledgement by a representative of Associated Benefits Corporation. A copy of the request confirming receipt and recording will be returned to the participant.

The above designation has been received and recorded by:

\_\_\_\_\_  
Signature of ABC Plan Representative Date