

# 403(B) PLAN BENEFICIARY FORM

Name \_\_\_\_\_ SS number \_\_\_\_\_

**BENEFICIARY DESIGNATION (All participants must complete)**

I would like my beneficiary designation as follows:

Name	Relationship	Percent	Primary or secondary?
			___ Primary    ___ Secondary
			___ Primary    ___ Secondary
			___ Primary    ___ Secondary
			___ Primary    ___ Secondary

**CERTIFICATION (Complete appropriate section)**

Single Participant - I certify that I am not married. I agree to notify the Plan Administrator in the event I get married. I understand that if I do get married, I must submit a new designation naming my spouse as beneficiary, unless he or she agrees in writing to a different beneficiary.

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

Married Participant – Please check one, and complete spousal agreement if spouse is not designated.

- I have named my spouse as primary designation.
- I have named someone other than my spouse as my primary beneficiary and my spouse agrees to such designation. (Spouse MUST sign spousal agreement below.)

Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

**SPOUSAL AGREEMENT (Complete only if spouse is not named primary beneficiary)**

I certify that I am the spouse of the above-named participant and agree with the beneficiary designation set forth above. I understand that the above designation specifies the only person(s) who will receive any death benefits payable in the event of the death of my spouse.

Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_

I certify that the above-named spouse whose signature appears above personally appeared before me this date to waive his/her rights as primary beneficiary to any death benefits payable upon the death of the participant.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature and Title of Witness  
(Notary Public or Employer/Plan Sponsor)