

QP/401(k) Designation of Beneficiary

This form is used by plan participants to select primary and contingent beneficiary(ies).

PARTICIPANT INFORMATION	Social Security Number _____ First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____
CURRENT MARITAL STATUS	<input type="checkbox"/> I am Not Married – I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new <i>Designation of Beneficiary</i> form and my spouse consents to my designation. <input type="checkbox"/> I am Married – I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate a Primary Beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."
DESIGNATION OF BENEFICIARY(IES)	<p>The following individual(s) shall be my beneficiary(ies). <i>Please check Primary or Contingent for each individual beneficiary.</i> If neither is checked, the individual will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan balance.</p>
Primary Contingent <input type="checkbox"/> <input type="checkbox"/>	Beneficiary Name _____ Address _____ Social Security Number _____ Date of Birth _____ Relationship _____ Share _____ %
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Primary Contingent <input type="checkbox"/> <input type="checkbox"/>	Beneficiary Name _____ Address _____ Social Security Number _____ Date of Birth _____ Relationship _____ Share _____ %
CONSENT OF SPOUSE	<p>I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.</p> Participant's Spouse Signature _____ Date _____ The signature of the spouse must be witnessed. Witness _____ Date _____
AUTHORIZATION	Participant Signature _____ Date _____ Witness Signature _____ Date _____
Plan Administrator Use Only NOTE: This form is for your files. Please do not forward this form to Ascensus.	