

Beneficiary Designation
Complete and Return to Peery & Associates, Fax #(650) 879-1847

Plan Name _____

BENEFICIARY DESIGNATION

PARTICIPANT DATA

Name _____
Date of Birth _____ SS# _____ Hire Date _____
Address _____

I hereby designate the following person(s) to receive my benefits from the _____ Plan in the event of my death: (Above named)

At the time of this election I am: married not married.

Primary Beneficiary

Name _____
Relationship _____ Date of Birth _____ SS# _____
Address _____

Secondary Beneficiary Name

Name _____
Relationship _____ Date of Birth _____ SS# _____
Address _____

Signature: _____ Date: _____

If you are married and the primary beneficiary listed above is not your legal spouse, please have the following section completed.

SPOUSAL CONSENT

Spouse's Full Name (Please print) _____

I hereby acknowledge that I am the spouse of the participant in the above-named Plan, and that I consent to this beneficiary designation made by my spouse and approve the payment of any death benefits to such beneficiary(ies). I understand that by signing this consent I am irrevocably waiving any and all rights that I may have to payment of such death benefits from this Plan.

Spouse's Signature* _____

*must be witnessed by Plan Administrator or Notary Public

BY PLAN ADMINISTRATOR:

Executed in the presence of Plan Administrator this _____ day of _____, 20_____.

Signature _____
Plan Administrator

OR

BY NOTARY PUBLIC:

State of _____
County of _____,
on _____,
Before me, the undersigned, a Notary for the state, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed above, and acknowledged that he/she executed it.

Notary Signature

Notary Seal