

**PLAN NAME:** \_\_\_\_\_  
**BENEFICIARY DESIGNATION FORM**



CHECK THE SPACE THAT APPLIES

- \_\_\_\_\_ I hereby certify that I am not married and I understand that if I later marry, my spouse will receive my entire account balance upon my death unless after my marriage I sign a new Beneficiary Designation form with my spouse' consent to designation of some other beneficiary(ies).
- \_\_\_\_\_ I certify that I am married and that I am designating my spouse as sole Primary Beneficiary.
- \_\_\_\_\_ I certify that I am married, that I am designating someone other than my spouse as Primary Beneficiary (in whole or in part) and that my spouse consents to such designation on the reverse of this form.
- \_\_\_\_\_ I certify that I am married and that an authorized plan representative (whose certification is attached hereto) is satisfied that my spouse cannot be located.

If you designate more than one Primary or Contingent Beneficiary and you fail to designate a percentage share for each beneficiary, then upon your death, benefits will be divided equally among the beneficiaries listed. I hereby designate the following beneficiaries to receive any benefits payable under the Plan upon my death (attach a separate sheet if additional space or special instructions are required).

**Primary Beneficiaries**

Who shall share any benefits payable upon my death (to the exclusion of my contingent beneficiaries). If a Primary Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any Primary Beneficiaries based on the terms of the document.

Name	Address	Birthdate	Relationship	SSN	% of Benefit

**Contingent Beneficiaries**

Who shall share equally (while living) any remaining benefits in the event all my Primary Beneficiaries die before receiving all benefits payable upon my death. If a Contingent Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Contingent Beneficiary.

Name	Address	Birthdate	Relationship	SSN	% of Benefit

This designation revokes any prior designation and can be revoked at any time by providing a new completed Beneficiary Designation Form (with any spousal consent as may then be required) to the Office Manager.

\_\_\_\_\_ Dated \_\_\_\_\_ Name and SSN (Print or Type)

Witness\* \_\_\_\_\_ Signature

\*Someone who is not named herein as a beneficiary must witness your signature.

**SPOUSE'S CONSENT TO DESIGNATION OF OTHER PRIMARY BENEFICIARY**

I hereby consent irrevocably to the above designation by my spouse of a primary beneficiary other than myself. I understand that the effect of this consent is to waive my right under the Plan to receive my spouse's entire account balance in the event of the death of my spouse.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Acknowledgment of Witness:

I hereby acknowledge that \_\_\_\_\_ to me,  
(name of spouse)

Known personally, appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and subscribed his or her name immediately above and acknowledged to me that he or she did so at his or her free and voluntary act and deed for the purposes set forth in this Beneficiary Designation Form.

\_\_\_\_\_  
Authorized Plan Representative

OR

\_\_\_\_\_  
Notary Public for State of \_\_\_\_\_

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

My Commission Expires:

\_\_\_\_\_  
(Affix Seal Here)

**Return this form to your office Manager.  
The Office Manager will send a copy to UPAL.**

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