



# EMPLOYEE FIDUCIARY

## Designation of Beneficiary Form

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single

*Federal law requires a married person to name his or her spouse as SOLE primary beneficiary, unless the spouse consents in writing to another designation or additional beneficiaries, and this consent is witnessed by a Notary Public.*

Plan Name: \_\_\_\_\_

### Primary Beneficiary(ies)

Name	Relationship	Birth Date	% Share of Proceeds
1.			
2.			

### Secondary Beneficiary(ies)

Name	Relationship	Birth Date	% Share of Proceeds
1.			
2.			
3.			

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) or primary beneficiaries and secondary beneficiaries.

*The trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the secondary beneficiary, and if no named beneficiary survives me, the then Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary in each group equally to the living beneficiaries in the group.*

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

Date \_\_\_\_\_

**NOTE:** If you are married, please complete required spousal consent form on page 2.

### Designation of Beneficiary Form - Spousal Consent

If you are married, your spouse is automatically your SOLE primary beneficiary, unless you designate another beneficiary, and your spouse consents by signing below. If your plan provides that the death benefit be paid in the form of a joint and survivor annuity or a pre-retirement survivor annuity to your surviving spouse, then the designation of a primary beneficiary other than your spouse will be a waiver of this automatic annuity as well.

*This section must be completed by your spouse if you are married and name a primary beneficiary other than, or in addition to, your spouse.*

I hereby consent to the designation of the beneficiary(ies) listed on the previous page, and acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or a portion of it, to be paid to a beneficiary other than me; (2) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

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Signature of Participant's Spouse

Date

NOTARY PUBLIC

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me

\_\_\_\_\_, the spouse of \_\_\_\_\_.

Said Spouse:

is to me known and known to me to be the person described herein

or

was proved to me (on the basis of satisfactory evidence described herein) to be the person who executed the foregoing instrument and who acknowledged that he (or she) executed the same of his (or her) own free will.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

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Notary Public

My commission expires: \_\_\_\_\_



**EMPLOYEE  
FIDUCIARY**

## Wage Deferral Agreement

### Participant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single

### Contribution Information

☐ **Regular 401(k) contributions.** You are hereby authorized to reduce my regular wages by \_\_\_\_\_% or \$\_\_\_\_\_ each pay period for contribution on a pre-tax basis to the 401(k) Plan.

☐ **Roth contributions.** You are hereby authorized to deduct \_\_\_\_\_% or \$\_\_\_\_\_ each pay period from my regular wages for the purpose of making a Roth Contribution on an after tax basis to the 401(k) Plan.

☐ **No contributions.** I do not wish to participate in wage deferrals to the Plan at this time.

1. I understand that I may elect to start, increase, or decrease my elections effective as of the dates established pursuant to Plan procedures. However, I may revoke my election at any time by so advising the Plan Administrator (Employer).
2. If I revoke my election, I may resume contributions only as of the participation dates specified in the Summary Plan Description (SPD).
3. I understand that I must give the Plan Administrator at least 15 days written notice of any change or revocation of an election.
4. I understand that the election indicated on this agreement will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed in the SPD.
5. I understand that this agreement supersedes and nullifies any prior wage deferral agreements under this Plan.
6. The election indicated on this form is effective for the first pay period beginning on or after \_\_\_\_\_, 201\_\_\_\_.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_