



# Designation of Beneficiary Form Instructions for Designating or Changing Beneficiary

## Instructions for Completing the Designation of Beneficiary Form

These instructions will assist you in properly completing the Designation of Beneficiary Form.

- To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to or married to you, show relationship as "Friend."
- If you wish to name your estate, insert "Estate" in the blank space.
- Show a member of a religious order in this manner:  
*Mary L. Jones, niece, known in religious life as Sister Mary Agnes.*
- It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, you must furnish that person's full address, including country.
- If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:  
*To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the XX day of XXXXX, 20XX, including any amendments to the Trust.*
- More than one beneficiary - here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children	My children living at my death
One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death

If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his or her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your **Designation of Beneficiary Form** provides otherwise.

- If none of the above is suitable, explain in the blank space what is desired, or attach a note.

**Note:** If you name a trust as a beneficiary, you also must provide additional information to the Plan Administrator. The Plan Administrator will notify you as to what additional information is needed.

**Note:** Unless you provide otherwise in completing the **Designation of Beneficiary Form**, all sums payable to more than one beneficiary will be paid equally to all beneficiaries.

If you separate from service from the Plan because of your death, then the payment of your vested account balance is required. You have the right under Law to select your beneficiary(ies), however, there are restrictions which are mandated by Law if your are a married participant. If you are a single participant or a divorced participant, you may identify any person or persons as your beneficiary(ies).

### MARRIED PARTICIPANT

- I understand that the death benefit must be paid to my surviving spouse, unless my spouse consents in writing to an alternative beneficiary.
- I understand that I must immediately inform the plan administrator, FBMC Benefits Management, Inc. of any change in my marital status.
- When you complete the attached "**Designation of Beneficiary Form**", I need to keep in mind the following:
  - My spouse will be my primary beneficiary unless I designate a different beneficiary(ies)
  - My spouse must consent to any designation of beneficiary(ies) which reduces or eliminates benefit payments to your spouse. My spouse must sign a written consent to allow me to remove him/her as the primary beneficiary and designative any other primary or contingent beneficiary(ies).
  - If my spouse is identified as primary beneficiary, but my spouse does not survive me, then I can identify a contingent beneficiary(ies) as part of this designation and this designation will become effective in the event that my spouse predeceases my death.
  - I can identify someone other than my spouse as the primary beneficiary but I understand that my spouse must agree to the waiver in writing and the waiver must be signed in the presence of a notary public.

### UNMARRIED PARTICIPANT

As an unmarried participant, I have the right to designate anyone as a primary or contingent beneficiary(ies). However, if I thereafter marry, this will revoke the designation. I will therefore immediately inform the plan administrator of any change in my marital status. You must take the responsibility of notifying the plan administrator of this change in your marital status.

**Please Return the Completed and Signed Form to:**  
**FBMC Benefits Management Inc., Vista 401(k)**  
**PO Box 1878,**  
**Tallahassee, FL 32302**



# Designation of Beneficiary Form

## Instructions for Designating or Changing Beneficiary

**Section 1: Basic Information**

Participants Name		Social Security #	
Permanent Address			
City		State	Zip Code
Marital Status <i>(Please Check Appropriate Box)</i>		<input type="checkbox"/> I am not legally married	<input type="checkbox"/> I am legally married

**If you are married, your spouse is automatically your primary beneficiary.**  
**If you do not designate your spouse as primary beneficiary,**  
**your spouse must complete the Spouse's Waiver (section 3) of this form.**  
 (If Your Spouse is **NOT** waiving benefits, then Section 3 does not need to be completed)

**Section 2: Participant Primary and Contingent Beneficiary Designation**

I, \_\_\_\_\_, a Participant in the above referenced Plan, hereby make the following designation of beneficiary. This designation automatically revokes any previous designation. If I am Married, then my Primary Beneficiary Election must be my Spouse unless my Spouse has consented to a "waiver of benefits" and has properly completed the election below. If I am Married and have identified a "Contingent Beneficiary(ies)", then that election will be effective in the event that my Spouse predeceased me.

**Primary Beneficiary Election**

Person's Name	Address	Social Security #	Relationship

**Contingent Beneficiary Election**

Person's Name	Address	Social Security #	Relationship

**If more than one Beneficiary Designation is made, then any benefits payable will be shared equally among all survivors unless otherwise provided herein.**

_____ <b>Participant Signature</b>	_____ <b>Date</b>
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**Section 3: Spouse's Waiver**
**Spouse's waiver required only if spouse is waiving benefit options**

I acknowledge that I am entitled to my spouse's vested accrued benefit. I waive my right to such benefit and consent to the Designation of Beneficiary (and/or Contingent Beneficiary) set forth above. If I am not named above as the Beneficiary, then I understand that I will not receive any benefit from the above referenced Plan.

_____ <b>Spouse's Signature</b> (Only required if Spouse is waiving benefits)	_____ <b>Date</b>
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**Witness to spouse's waiver**

_____ <b>Notary Public</b>	_____ <b>Date</b>
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