

## 1 PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MI	SS#	DOB
ADDRESS			CITY	STATE
EMAIL			PHONE	
EMPLOYER	WORK LOCATION			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE

➔ 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.

## 2 BENEFICIARIES

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 BENEFICIARIES\*

NAME	
HOME ADDRESS	
CITY	ZIP
STATE	DOB
SS#	RELATIONSHIP
PHONE	% OF ASSETS
EMAIL	

### CONTINGENT BENEFICIARIES

NAME	
HOME ADDRESS	
CITY	ZIP
STATE	DOB
SS#	RELATIONSHIP
PHONE	% OF ASSETS
EMAIL	

NAME	
HOME ADDRESS	
CITY	ZIP
STATE	DOB
SS#	RELATIONSHIP
PHONE	% OF ASSETS
EMAIL	

NAME	
HOME ADDRESS	
CITY	ZIP
STATE	DOB
SS#	RELATIONSHIP
PHONE	% OF ASSETS
EMAIL	

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## 3 SIGNATURE

I certify that I am:  Married    **NOT** Married

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**4****CONSENT OF SPOUSE**(Section 4 must be completed only if your spouse is NOT the sole primary beneficiary.)

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

 This consent must be witnessed by a Notary Public.

I certify that before me personally appeared the above named spouse who signed the above Spousal Consent and acknowledged the same to be his/her free act and deed.

NOTARY'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE	COUNTY
DATE NOTARY PUBLIC COMMISSION EXPIRES	NOTARY SEAL)

 Please return the completed and signed form to FBMC Benefits Management at the address below.