

Beneficiary Designation Form

Defined Benefit Plan

Complete and Retain for your Records, DDB does NOT maintain this information and does not need a copy returned.

Instructions:

Option 1. Primary - If you are married and wish to designate your spouse as the beneficiary, select this option. This also allows for your children to automatically become the primary beneficiaries if your spouse should pass before you.

Option 2. One or More Primary Beneficiaries - If you wish to name several primary beneficiaries, select this option. List the name, relationship, and percentage each beneficiary is to receive along with their social security numbers.

Option 3. Named Primary and Secondary Beneficiaries - If you wish to name secondary beneficiaries in addition to a primary beneficiary (who may or may not be your spouse), select this option and place the primary beneficiary on the first line and the secondary beneficiary(ies) on the next set of lines.

Option 4. Primary: Estate/Living Trust of Insured - If you wish your estate/living trust to be the primary and only beneficiary, select this option.

Option 5. Primary: Other - If you wish to name a charity or organization or have instructions other than the options given, select this option.

*****Note: If you are married and do NOT designate your spouse to receive at least 50% of your account, your spouse MUST sign the waiver in agreement and it must be notarized.*****

Defined Benefit Plan

Designation or Change of Beneficiary

(Please complete this form in its entirety and save for your records)

Participant Name: _____ Social Security No.: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

I hereby request that any benefit under this Plan which becomes payable in the event of my death be paid as set forth in the option checked below.

____ I am married ____ I am not married

(Choose ONE of the following options only)

____ 1. Primary

Spouse's Name: _____ Social Security No.: ____ - ____ - ____

If living at the time of my death; otherwise, equally to our child(ren) as named below:

____ 2. One or More Primary Beneficiaries

To the following named person(s) as are living at my death:

Name: _____ Relationship: _____ %: _____ SSN: ____ - ____ - ____

Name: _____ Relationship: _____ %: _____ SSN: ____ - ____ - ____

____ 3. Named Primary and Secondary Beneficiaries

Primary, if living at my death:

Name: _____ Relationship: _____ %: _____ SSN: ____ - ____ - ____

If Primary not living at my death, Secondary:

Name: _____ Relationship: _____ %: _____ SSN: ____ - ____ - ____

Name: _____ Relationship: _____ %: _____ SSN: ____ - ____ - ____

___ 4. Primary: Estate/Living Trust of Insured

To the executors or administrators of my estate/living trust:

Trust Name: _____

___ 5. Primary: Other

****Note for married participants:**

Federal Legislation (REA) requires that your spouse be named beneficiary for at least 50% of your account unless a signed waiver is provided by your spouse (attached).

Participant Signature: _____ Date: _____

Complete this form in its entirety, save a copy for your records and forward the original to your Employer for their records.

**WAIVER OF BENEFITS AND SPOUSAL CONSENT TO NON-SPOUSAL
BENEFICIARY OF DEATH BENEFITS**

I hereby waive my right to death benefits and consent to the designation of beneficiary on the above form with full knowledge that in doing so I irrevocably give up my right to death benefits as spouse of the participant under the Plan. I understand that this waiver of my rights and consent to this election by the participant is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes it.

Signature of Participant's Spouse: _____

Executed this ____ day of _____, ____

Witnessed By:

Notary Public