
Designation of Beneficiary Form
ESSDACK Consortium 403(b) Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Employee Name: _____ Social Security #: _____ D.O.B. _____

Street: _____ City: _____ State: _____ Zip: _____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies)

Primary Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>% Share</i>
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Contingent Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>% Share</i>
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Current Marital Status (check one)

- I am not married. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- I am married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on this form. (If consent of your spouse cannot be obtained – e.g., cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant's Signature

Date

SPOUSE'S CONSENT

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation hereof without first obtaining my written consent.

Name of Spouse

Spouse's Signature

Date

Sworn to, and witnessed by me, this _____ day of _____ (month), _____

Name of Notary Public: _____

Notary Public's Signature: _____

If not notarized, witnessed by:

Name of Plan Administrator

Plan Administrator's Signature

Date