

**BENEFICIARY DESIGNATION**

As a participant in the \_\_\_\_\_ Retirement Plan I, \_\_\_\_\_, hereby acknowledge that the Plan Administrator has informed me that, should I die before retirement, my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death.

**Check Applicable Provision**

- If my spouse does not survive me I direct that my benefit be paid in equal shares to such of my children as shall be living at my death, except that the then living descendants of a deceased child of mine shall take per stirpes the share which the child would have received if living. I intend that this provision provide for all my children including any hereafter born or adopted.
  
- As of the date of this signature, I hereby certify that I am not currently married, and designate the following person(s) as my beneficiary in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan, and the above paragraph shall become effective. I may, at that time and with the consent of my spouse, execute a waiver of my spouse as my designated beneficiary and name a new beneficiary in place thereof.
  
- With the consent of my spouse, \_\_\_\_\_, I have appointed the following Primary Beneficiaries:

**Primary Beneficiaries:**

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_%.
  
2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_%.
  
3. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_%.

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- I have designated more than one Primary Beneficiary, and if at least one, but fewer than all, of those Primary Beneficiaries survive me, I direct that the death benefit be divided among my surviving Primary Beneficiaries in the ration established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.

If my spouse, children or Primary Beneficiaries all fail to survive me then I name the following Contingent Beneficiaries:

**Contingent Beneficiaries:**

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_%.

2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_%.

3. Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Percentage of total benefit to be paid to the above person \_\_\_\_\_%.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Spouse

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