



## Beneficiary Designation Form

As a participant in the Retirement Plan and Trust, on the attached Beneficiary Designation Form, you have the right to designate a beneficiary, or beneficiaries, to receive all or any portion of any benefits which may be payable from the Plan by reason of your death. To be effective, your designation must be on the Beneficiary Designation Form, and the Beneficiary Designation Form must be filed with the Plan's Administrative Committee during your lifetime.

Regardless of the designations that you make on the Beneficiary Designation Form, the law provides that unless you elect otherwise, and your spouse consents, if you die while you are a participant in the Plan, 50% of your account balance will be used to provide your surviving spouse with a series of equal monthly payments commencing after your death and continuing throughout your surviving spouse's remaining lifetime. The amount of each monthly payment to your surviving spouse will depend upon the value of your account at the time of your death and the remaining life expectancy of your surviving spouse at the time of your death.

On the attached Beneficiary Designation Form, if you are married, if you elect to designate your spouse as the beneficiary of less than 50% of your account balance in the Plan, your spouse must consent to your election by executing and completing the attached Spousal Consent Form, which Spousal Consent Form must be filed with the Plan's Administrative Committee at the same time as the filing of the Beneficiary Designation Form with the Plan's Administrative Committee.

If you are not married, you need to certify such by placing an "X" in the appropriate box on the attached Beneficiary Designation Form.

If you are married and cannot locate your spouse to obtain your spouse's necessary consent, you should complete the form entitled "Spouse cannot be Located", and you should return it along with the Beneficiary Designation Form.

After completing the appropriate Forms set forth above, you should return an executed copy of each Form to a member of the Plan's Administrative Committee. You may change any designation made by you at anytime by completing new forms and filing such with a member of the Plan's Administrative Committee. In such event, any old forms that were previously completed should be destroyed. The latest Forms on file with the Plan's Administrative Committee shall be the forms used by the Plan's Administrative Committee in determining who is to receive any benefits which may be payable from the Plan on account of your death.



### Beneficiary Designation Form

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

1. In the event of my death while I am a participant in the above named Plan, I designate the following beneficiary(is) to receive the following percentage(s) of my total account balance in the Plan:

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

#### Primary Beneficiary (ies)

Name	Relationship	Social Security Number	Date of Birth	Percentage

#### Contingent Beneficiary (ies)

Name	Relationship	Social Security Number	Date of Birth	Percentage

2. I am not married.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Submit Form To:**  
**PELION BENEFITS, INC. • 3713-C University Drive • Durham, NC 27707**  
**Telephone 888.532.7526 • Fax 919.942.2804**



### Spousal Consent Form

I consent to my spouse’s election to designate me as the beneficiary of less than 50% of my spouse’s account balance in the Plan in the event of my spouse’s death while participating in the Plan. Understand that the effect of my consent is to waive the requirement that 50% of my spouse’s account balance in the Plan be paid to me in the event of my spouse’s death while my spouse is a participant in the Plan. I further understand that my spouse’s election is not effective unless I consent to it and that this consent given by me is irrevocable unless I consent to it and that this consent given by me is irrevocable unless the election made by my spouse is changed.

For the spouse’s consent to be effective, the spouse must sign below in the presence of the Plan’s Administrative Committee or in the presence of a notary public.

Participant’s Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESSED BY:

\_\_\_\_\_ Date: \_\_\_\_\_

Member of Plan’s Administrative Committee

OR  
NOTARY PUBLIC

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State do hereby certify that \_\_\_\_\_, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.



[www.pelionbenefits.com](http://www.pelionbenefits.com)

3713-C University Drive, Durham, NC 27707

Tel: 888-532-7526

Fax: 919-942-2804



## Spouse Cannot Be Located

If you are married and cannot locate your spouse to obtain your spouse's consent to any election by you on your Beneficiary Designation Form, state below the reason you cannot locate your spouse, and sign below in the presence of a member of the Plan's Administrative Committee.

I hereby certify that my spouse cannot be located.

Reason that my spouse cannot be located: \_\_\_\_\_

\_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Member of Plan's Administrative Committee