

# BENEFICIARY DESIGNATION FORM

Employee/Account Holder Information:

**Full Legal Name:** \_\_\_\_\_

**Social Security Number (SSN):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Designation of Beneficiary(ies):**

I hereby designate the following beneficiary(ies) to receive any benefits payable upon my death.

Beneficiary Name	Relationship	Share (%)	Address	Phone Number

**Contingent Beneficiary(ies):**

If none of the primary beneficiary(ies) survive me, I designate the following contingent beneficiary(ies).

Contingent Beneficiary Name	Relationship	Share (%)	Address	Phone Number

**Declaration and Agreement:**

I certify that the information provided in this Beneficiary Designation Form is true and correct to the best of my knowledge. I understand that this designation revokes any prior beneficiary designations and applies to all benefits payable upon my death under the applicable plan, policy, or account, subject to the terms thereof. I acknowledge that the designation is subject to the provisions and limitations of the relevant plan documents, contracts, and applicable law. I reserve the right to change this designation at any time by submitting a new, properly executed form. I agree that the organization administering the plan, policy, or account shall not be liable for any payment made in good faith to the designated beneficiary(ies).

**Signature of Employee/Account Holder:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**Witness (if required):**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument and acknowledged that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the individual executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Seal:

**EMPLOYEE/ACCOUNT HOLDER SIGNATURE**

**WITNESS SIGNATURE (IF REQUIRED)**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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