

**Goodwill Ind. of NW NC, Inc. Money Purchase Plan**  
(Plan Number: 901001)

## BENEFICIARY DESIGNATION FORM

Use this form to designate the payment of your retirement account balance upon your death. The beneficiary designations apply to your entire vested account balance. Return the completed form back to your plan administrator. You may want to review this document with a financial or legal adviser.

### COMPLETE YOUR PERSONAL INFORMATION

Participant's Name \_\_\_\_\_

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

#### I CERTIFY THAT:

- I Am Not Married.** I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Beneficiary Designation Form and my spouse consents to my designation.
- I Am Married.** I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than my spouse if my spouse consents to the beneficiary designation by signing the enclosed waiver on the back of this form. I may also designate secondary beneficiaries to my spouse.

I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the plan payable by reason of my death (attach additional pages if needed):

### ENTER PRIMARY BENEFICIARY INFORMATION

Percentages must total 100%. If a primary beneficiary dies before you and you do not make further changes to your primary beneficiaries, the percentages will be recalculated among the remaining primary beneficiaries based on your last effective designation. The same method applies among secondary beneficiaries.

**1.**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

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

Percent of Benefit \_\_\_\_\_

**2.**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

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

Percent of Benefit \_\_\_\_\_

**3.**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

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

Percent of Benefit \_\_\_\_\_

**4.**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

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

Percent of Benefit \_\_\_\_\_

### ENTER SECONDARY BENEFICIARY INFORMATION

In the event that none of your primary beneficiaries survive you, your vested account balance will be divided among your secondary beneficiaries in the percentages specified below. Percentages must total 100%.

**1.**

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

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

Percent of Benefit \_\_\_\_\_

**(Please turn over and fill out the back of form)**

**SECONDARY BENEFICIARY(IES) CONT.**

**2.**

Legal Name	Address	Date of Birth
Relationship	Social Security Number	Percent of Benefit

**3.**

Legal Name	Address	Date of Birth
Relationship	Social Security Number	Percent of Benefit

**4.**

Legal Name	Address	Date of Birth
Relationship	Social Security Number	Percent of Benefit

**Note:** A divorce decree or a decree of legal separation may automatically revoke a designation of your spouse as a beneficiary, unless the decree or a Qualified Domestic Relations Order provides otherwise. Check with your plan administrator for details.

**SIGN AND DATE**

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary and secondary beneficiaries. The Trustee will pay all sums payable under the plan by reason of my death to the primary beneficiary/ies, if he or she survives me, and if no primary beneficiary survives me, then to the secondary beneficiary/ies. If no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Signature (Must be signed to authorize all forms.)

\_\_\_\_\_  
Date

**SPOUSAL CONSENT AND ACKNOWLEDGEMENT**

(REQUIRED ONLY IF YOUR SPOUSE IS NOT THE SOLE PRIMARY BENEFICIARY)

I hereby certify that I have read the Beneficiary Designation and fully understand that the property subject to the designation is my spouse's account balance under the plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent to the new designation, or my consent is no longer effective.

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

\_\_\_\_\_  
Date

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

(  
(ss.  
(

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

Before me, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Consent of Spouse as a free and voluntary act.

In witness whereof, I have signed my name and affixed my official notarial seal this \_\_\_\_\_ day of \_\_\_\_\_

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

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

(SEAL)