

# 403(b) Designation of Beneficiary

This form is used by plan participants to select primary and contingent beneficiary(ies).

## PARTICIPANT INFORMATION

Social Security Number \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CURRENT MARITAL STATUS

**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 *Designation of Beneficiary* 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 on the space below if my spouse signs the section below entitled "Consent of Spouse."

## DESIGNATION OF BENEFICIARY(IES)

The following individual(s) shall be my beneficiary(ies). *Please check Primary or Contingent for each individual beneficiary.*

**If neither is checked, the individual will be deemed to be a primary beneficiary.**

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my 403(b) Plan balance.

**Primary**    **Contingent**  
       

Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship \_\_\_\_\_ Share \_\_\_\_\_ %

**Primary**    **Contingent**  
       

Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship \_\_\_\_\_ Share \_\_\_\_\_ %

**Primary**    **Contingent**  
       

Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship \_\_\_\_\_ Share \_\_\_\_\_ %

**Primary**    **Contingent**  
       

Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship \_\_\_\_\_ Share \_\_\_\_\_ %

## CONSENT OF SPOUSE

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Participant's Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

The signature of the spouse must be witnessed by a plan representative or Notary Public.

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

## AUTHORIZATION

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Plan Administrator Use Only**

**NOTE:** This form is for your files. Please do not forward this form to Ascensus.