

Beneficiary Form for GBHE Money Purchase Pension Plan

Participant's Name

Social Security Number

Address

Telephone Number

City

State

Zip

Employer

Date of Birth

- Single
- Married with spouse as Sole Beneficiary
- Married with Spouse **Not** as Sole Beneficiary – **Spouse's signature is REQUIRED**

I am married and designate the individuals named on page 2 to received death benefits in accordance with this plan.

My Spouse's date of birth is: Month ___ Day ___ Year _____

Spousal Waiver of Joint and Survivor Option

Under the rules and regulations of the Plan and the Internal Revenue Code, all pension benefits of married participants will be paid in the form of a Joint survivor option with the spouse as the beneficiary unless you decide to elect another form of distribution. In order for your selection of a benefit payment be made in another valid form, your spouse must consent in writing below (with his/her signature witnessed by a Plan Representative or Notary Public)

CONSENT OF SPOUSE (Must be completed if you are married and have decided that you do not wish to receive your benefit in the form of a joint survivor annuity with your spouse as the beneficiary.)

Signature of Participant's Spouse (Please use ink)

Date

Please print name of spouse

The spouse appeared before me and signed this consent on: _____ 20____

Print Notary Name _____

Notary Signature _____

My Commission Expires _____

Beneficiary Information

1. Name _____ Social Security Number _____ - _____ - _____

Address _____

Relationship _____ Date of Birth _____

Phone Number _____ Percentage _____

2. Name _____ Social Security Number _____ - _____ - _____

Address _____

Relationship _____ Date of Birth _____

Phone Number _____ Percentage _____

3. Name _____ Social Security Number _____ - _____ - _____

Address _____

Relationship _____ Date of Birth _____

Phone Number _____ Percentage _____

4. Name _____ Social Security Number _____ - _____ - _____

Address _____

Relationship _____ Date of Birth _____

Phone Number _____ Percentage _____

Participant's Signature

This designation revokes all prior designation made under the retirement plan.

Signature

_____/_____/_____
Date

UNDER THE PENALTIES OF PERJURY, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.