

DESIGNATED BENEFICIARY FORM

PARTICIPANT INFORMATION (REQUIRED)

Full Legal Name: _____
First Middle Last

Birth Date (MM/DD/YYYY): _____ Primary Telephone: _____

Email Address: _____

Marital Status: Married Widowed Single (Never Married) Separated Divorced

PARTICIPANT AUTHORIZATION (REQUIRED)

Participant Signature: _____ Date: _____

SPOUSAL CONSENT WAIVER (IF APPLICABLE)

If you are married and you choose a primary beneficiary other than or in addition to your spouse – including a trust – your spouse must give consent according to Federal regulations.

Your spouse's signature must be witnessed by a Notary Public.

Spouse's Signature: _____ Date: _____

Spouse's Printed Name: _____

Notary Public Signature: _____ Date: _____

Notary Stamp:

NOTE: For this waiver to be valid, spouse's signature, date and Notary date must be the same.

BENEFICIARY DESIGNATION

If you want to designate different beneficiaries for each plan, you must complete a separate form for each plan. Please include your name, date, and signature on each Designation.

List All Beneficiaries: Beneficiary payments are paid from the most recent, valid beneficiary designation. Name all beneficiaries or designate a trust as a beneficiary below:

Beneficiary Designation (List beneficiaries or designate trust):

- All primary beneficiaries share equally.
- All alternate beneficiaries share equally.

Designation (Required)	Full Given Name of Beneficiary (Required)	Social Security # (Required)	Relationship (Required)	Birth Date (Required)	Phone # (Required)	% of Benefit
<input type="checkbox"/> Primary <input type="checkbox"/> Alternate						
<input type="checkbox"/> Primary <input type="checkbox"/> Alternate						
<input type="checkbox"/> Primary <input type="checkbox"/> Alternate						

Designation (Required)	Name of Trust (Required)	Date of Trust (Required)	Phone # (Required)	% of Benefit
<input type="checkbox"/> Primary <input type="checkbox"/> Alternate				

IMPORTANT INFORMATION TO KNOW WHEN NAMING YOUR BENEFICIARIES

- Types of Beneficiaries
 - Primary: Person to receive benefits when you die.
 - Alternate: Person to receive benefits when you die if the primary beneficiary is deceased.
- If you name multiple primary or multiple alternate beneficiaries, benefits will be split equally, unless otherwise noted on the form. If you're allocating the percentage of benefit, please verify that the total for primary beneficiaries equals 100% and the total for alternate beneficiaries equals 100%.
- If you name minor children as beneficiaries, we must have legal guardianship papers for each child at the time of your death if they are unmarried and younger than 18. This could mean legal expenses for the beneficiary and delay benefit payments. Please consider this when naming your beneficiaries.
- Spousal Consent Waiver: Required if you are married and choose a primary beneficiary other than—or in addition to—your spouse, including a trust.
- When you die, Planstin Administration, Inc., will contact your primary beneficiary to request additional information, including a death certificate.
- If you are married, the law requires your spouse to be your primary beneficiary. But you may choose a beneficiary other than or in addition to your spouse with your spouse's written, notarized consent.

**Please return this completed form to:
Planstin Administration, 1506 S. Silicon Way, Suite 2B, St. George, Utah 84770**