

# DESIGNATION OF BENEFICIARY(IES) FORM

## SECTION 1: ENTER YOUR INFORMATION

Your Full Name: \_\_\_\_\_

Retirement Plan Name: \_\_\_\_\_

## SECTION 2: DESIGNATE BENEFICIARY(IES)

To list additional beneficiaries, please complete a second Beneficiary Form.

Primary Beneficiary #1: \_\_\_\_\_%

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

Relationship with Beneficiary: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Beneficiary #2: \_\_\_\_\_%

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

Relationship with Beneficiary: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If none of the above named Primary Beneficiaries survive me, pay any interest I may have under the account in equal portions unless otherwise indicated, to the Secondary beneficiary(ies) then surviving:

Secondary Beneficiary #1: \_\_\_\_\_%

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

Relationship with Beneficiary: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Beneficiary #2: \_\_\_\_\_%

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

Relationship with Beneficiary: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I understand the above beneficiary designation will remain in effect until I request a change in accordance with the provisions of the plan. I hereby acknowledge receipt of the Summary Plan Description and agree to abide by all of the rules and regulations set forth in the plan. Alternatively, I am already a Participant of the plan and I hereby update my Designation of Beneficiary for death benefits to be paid under the Plan.

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

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

## SECTION 3: SPOUSE'S SIGNATURE & NOTARIZATION\*

*\*Required only if you are married and listing someone other than your spouse as the sole primary beneficiary.*

If you designate someone other than your spouse as beneficiary or designate someone in addition to your spouse as joint beneficiary, the following statement must be signed by your spouse and notarized.

Consent of Spouse:

As spouse, I have read and consent to the above designation of beneficiary(ies) and understand that I am waiving my right to be named as the sole primary beneficiary. I further understand and agree to the following result of my waiver:

No benefit from the Plan(s) will be payable to me upon my spouse's death if I am not listed at all as a primary beneficiary.

Only a partial benefit from the Plan(s) will be payable to me upon my spouse's death in accordance with any joint beneficiary designation indicated above.

Spouse's Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Administrator Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seal of Notary Public:

Processed by Plan Administrator (Employer). Initials: \_\_\_\_\_

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

**INSTRUCTIONS: EMPLOYEES - Submit completed form(s) to your Employer | EMPLOYERS - Submit form(s) to Wellington**  
Questions? Ask your employer or contact Wellington directly by phone at (800) 203-2670 or by email at [help@wellington401k.com](mailto:help@wellington401k.com).