

# Beneficiary Designation Form

Case Number: 196-80536 Case Name: Sevier County Employees 401K

This form is used to designate the payment of your account balance upon your death. Follow these easy steps.

Social Security Number: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First MI

**STEP ONE: Enter Primary Beneficiary Information.** Percentages must total 100%.

If you are married, your spouse must be the sole primary beneficiary unless your spouse approves otherwise and signs the waiver below.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Percentage \_\_\_\_\_ %

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Percentage \_\_\_\_\_ %

**STEP TWO: Enter Contingent Beneficiary Information.** Percentages must total 100%.

In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Percentage \_\_\_\_\_ %

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Percentage \_\_\_\_\_ %

**STEP THREE: Complete and Sign.**

I certify that I am:  Married  Not Married  Legally Separated

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

**STEP FOUR: This section must be completed if your spouse is not the sole primary beneficiary.**

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

This consent must be witnessed by either a plan representative or a notary public.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative or Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Notary Public Commission expires: \_\_\_\_\_ (Notary Seal)