



## Burnt Hills-Ballston Lake Central School District 403(b) Plan Beneficiary Designation Form

### Participant Information

Social Security Number

Last Name

First name

Address

City

State

Zip

Date of Birth

Date of Hire

### Beneficiary Information

**I AM NOT MARRIED**

I understand that if I become married in the future, this form ceases to apply and I should file a new beneficiary designation.

**I AM MARRIED**

If my spouse is not the Primary Beneficiary, my spouse has signed the consent and acknowledgement below. If my spouse does not sign such consent, I understand that any death benefits under the Plan will automatically be payable in full to my surviving spouse.

I designate the following individual(s) as beneficiary of my account with regard to the percentage I have indicated below.

#### Primary Beneficiary(ies)

Legal Name

Address

SS#

Relationship

% of Benefit

Legal Name

Address

SS#

Relationship

% of Benefit

#### Secondary Beneficiary(ies) - if primary dies before you

Legal Name

Address

SS#

Relationship

% of Benefit

Legal Name

Address

SS#

Relationship

% of Benefit

### Spousal Consent & Waiver (If someone other than spouse is Primary Beneficiary)

I hereby consent to the foregoing election by my spouse, to have some or all of his/her benefits paid to a person other than me. I understand that (1) the effect of such designation is to cause some or all my spouse's death benefit to be paid to a beneficiary other than me; (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Representative  
or Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Authorization

I have read and understand the instructions contained on this form. Any previous beneficiary designation made by me is hereby revoked. Subject to spousal consent, I reserve the power to change this designation at any time by a form similar to this both signed by me and received by the Plan Administration prior to my death. If my primary beneficiary(ies) precedes me in death, distribute my Plan benefit to my secondary beneficiary(ies). If none of the named beneficiaries survives me, distribute according to the Plan and Trust Document.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make a copy of this form for your records and return the original to Human Resources