Designation of Beneficiary Form

Plan # 337773-01

Cornell-Hart Pension Plan

PARTICIPANT INFORMATION: (Please Print Information Clearly)

Employee Name:_____Phone Number:_____

Street:_____

City:_____State:_____Zip:_____

Date of Birth:_____Social Security Number:_____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies) under the Plan:

Primary Beneficiary(ies)

Name	Relationship	Social Security Number	DOB	% Share

Contingent Beneficiary(ies)

Name	Relationship	Social Security Number	DOB	% Share

CURRENT MARITAL STATUS (check one)

☐ **I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.

☐ **I am married**. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on this form. (If consent of your spouse cannot be obtained, e.g., cannot be located or is incapacitated, contact your employer for information about possible alternatives). I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

SPOUSE'S CONSENT

☐ I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation without first obtaining my written consent. The spouse's signature must be witnessed by a notary public.

_____ _____

Name of Spouse Spouse's Signature Date

Sworn to, and witnessed by me, this_____day of _____(month),_____(year)

Name of Notary Public:_____

Notary Public's Signature:_____

AUTHORIZATION

Participant: I understand that this designation revokes any and all previous designation I have made with respect to the Plan(s). I authorize the Plan Administrator to pay any Plan distribution upon death according to this designation. If none of the beneficiary(ies) indicated in this designation survive me, I designate my executor(s) or administrator(s) as beneficiary(ies).

_____ _____

Participant Signature Date

_____ _____

Name of Plan Administrator Plan Administrator's Signature Date

Promptly return original to BeneSys, Inc: retain photocopy for your records.