



PENSION PLAN SERVICES, INC.
1001 GRAND AVE.
WEST DES MOINES, IA 50265
PHONE: (515) 223-0433 FAX: (515) 223-3886

BENEFICIARY DESIGNATION FORM

Employer/Plan Name: _____

PARTICIPANT INFORMATION:

Participant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____ / _____ / _____ Birth Date: _____

Marital Status: ___ Married ___ Single or legally separated Hire Date: _____

PRIMARY BENEFICIARY DESIGNATION:

I hereby designate the person(s) named below as my beneficiary to receive any benefit from the above named plan which may become due at or after my death according to the terms and conditions of the plan. If more than one person is named as beneficiary, any payments to which they may be entitled will be paid in equal shares. If none of these persons are living at that time the benefits will be paid to my estate.

Name: _____ Percentage: _____

Social Security No.: _____ / _____ / _____ Relationship: _____ DOB: _____

Name: _____ Percentage: _____

Social Security No.: _____ / _____ / _____ Relationship: _____ DOB: _____

If you are legally married and have not designated your spouse as 100% your primary beneficiary, you must obtain your Spouse's consent.

I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

 Spouse's Signature _____ Date

 Notary Public's Signature _____ Date _____ Date Commission Expires

CONTINGENT BENEFICIARY DESIGNATION:

Name: _____ Percentage: _____

Social Security No.: _____ / _____ / _____ Relationship: _____ DOB: _____

Name: _____ Percentage: _____

Social Security No.: _____ / _____ / _____ Relationship: _____ DOB: _____

SIGNATURES:

 Participant Signature _____ Date

 Employer Signature _____ Date