PAYCHEX®

Beneficiary Designation Form
Qualified Retirement Plan

Employee Information *(print)*

Employer Name _____ **Office/Client Number** _____

Employee Name _____ **Social Security Number** __ __ __-__ __-__ __ __ __

Address _____

City _____ **State** _____ **Zip Code** _____

Marital Status *(check the appropriate box)*

☐ **Married**
I understand that if I am married I may only have one Primary Beneficiary which is my spouse. However, I understand I may select a Primary Beneficiary other than my spouse if my spouse signs the section below entitled "Spousal Waiver."

☐ **Not Married**
I understand that if I am not married, I may designate any person(s) as the Primary and Secondary Beneficiaries. However, I further understand that if I become married, my spouse will be my Primary Beneficiary unless I complete a new Beneficiary Designation Form and my spouse consents to my designation.

Primary Beneficiary *(print)*

I hereby designate the following person(s) as my beneficiary(ies) to receive any benefit which may become due at or after my death according to the terms of the Plan. I reserve the right to change this designation with the understanding that this designation, and any change thereof, will be effective only upon delivery to the Plan Administrator. The benefit will be paid to my Primary Beneficiaries if living. In the event that my Primary Beneficiaries are not living, benefits will be paid to my Secondary Beneficiary. All married individuals will have **one** primary beneficiary unless the Spousal Waiver section is completed and notarized.

Relationship
☐ Spouse ☐ Other Share % _____
Name _____
Address _____
City _____ ST _____ Zip _____
SSN ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Relationship
☐ Spouse ☐ Other Share % _____
Name _____
Address _____
City _____ ST _____ Zip _____
SSN ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Secondary Beneficiary *(print)*

Relationship
☐ Spouse ☐ Other Share % _____
Name _____
Address _____
City _____ ST _____ Zip _____
SSN ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Relationship
☐ Spouse ☐ Other Share % _____
Name _____
Address _____
City _____ ST _____ Zip _____
SSN ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Spousal Waiver *(must be notarized)*

I am the spouse of the participant named above. I consent to my spouse's election to identify a primary beneficiary other than myself (the participant's spouse). I consent to the above named primary beneficiary(ies). I recognize that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving my rights to receive benefits under the plan when my spouse dies.

Spouse Must Sign Here
The signature of the spouse must be witnessed by a notary public.

Print Name _____
Signature _____
Today's Date _____/_____/_____

Notary Completes This Section

Subscribed and sworn to before me on this _____
day of _____ *(month, year)*
Notary Signature _____

Authorization and Signature

Employee Signs Here _____ **Date** _____/_____/_____

Return this completed form to your employer.