

REDINGTON FAIRVIEW GENERAL HOSPITAL 403(b) PLA Beneficiary Designation

Plan Number: RF3

Section 1 - Personal Information

Name:	SSN: _____-_____-_____
Address:	Date of Birth: ____/____/____
City:	Date of Hire: ____/____/____
State:	Zip:
Phone Number:	Email:

This is a(n)	Marital Status
<input type="checkbox"/> Initial Designation <input type="checkbox"/> Change to a Prior Designation	<input type="checkbox"/> Married <input type="checkbox"/> Not Married

Section 2 - Primary Beneficiary Designation

If the beneficiary designated herein is not solely the spouse of the employee and the employee is married, the spousal consent section (Section 5) must be completed and signed by the spouse in the presence of a notary.

	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
Primary Beneficiary #1	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Primary Beneficiary #2	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Primary Beneficiary #3	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Primary Beneficiary #4	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				

The percentage allocated for primary beneficiary(ies) should total 100%.

NOTE: The beneficiary designated on this form revokes any and all previous designations of beneficiaries of the Plan. If one or more beneficiaries within a class or category (that is, within the group of Primary Beneficiaries or within the group of Contingent Beneficiaries) should predecease me, the remaining beneficiaries of that class or group shall share equally in the share of the deceased beneficiary.

Beneficiary designation will not be valid if section 4 on reverse side is not signed.

Please complete and sign reverse side.

Section 3 - Contingent Beneficiary Designation

Contingent Beneficiary #1	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Contingent Beneficiary #2	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Contingent Beneficiary #3	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Contingent Beneficiary #4	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				

The percentage allocated for contingent beneficiary(ies) should total 100%.

Section 4 - Participant Statement

- By reason of my signature I understand that my previous beneficiary designations are revoked, and that I may change my designations upon request. Further, I understand and acknowledge that, in the event of my divorce (or marriage and subsequent divorce if I am currently unmarried), it is my obligation to notify the Plan once my divorce is finalized. I understand and acknowledge that, in the event that I do not notify the Plan of my divorce during my lifetime said divorce will nullify any existing beneficiary designation on file with the Plan designating my prior spouse as my beneficiary and my benefits will be distributed according to the Plan's Standard Beneficiary Designation.

Participant Signature: _____

Date: _____

Print Name: _____

Section 5 - Spousal Consent (only complete this section if married and naming a non-spouse beneficiary as primary beneficiary)

- I hereby consent to the designation of the above named beneficiary(s). In so consenting, I acknowledge that I waive all rights to the distribution of any of the assets in the accounts of the Plan identified above, except to the specific extent which may be designated herein. I hereby acknowledge that I understand: (1) that by consenting, I will forfeit part or all of the benefits that might otherwise be paid to me in the event of the death of my spouse; (2) that my Spouse's election to name a Primary Beneficiary other than or in addition to me is not valid unless I consent to it; and (3) that my consent is irrevocable.

Date: _____

Signature of Spouse _____

A notary must complete the following: Subscribed and sworn to before me this _____ day of _____

Signature of Notary _____

Month

Year

Once completed, return to your Benefits Coordinator

Beneficiary Designation Definitions and Instructions

Instructions

Please complete all applicable sections of this form, execute the form under Section 4, and return the form to your Plan Administrator representative.

- Section 1 - Participant Information
- Section 2 - Primary Beneficiary Designation
- Section 3 - Contingent Beneficiary Designation
- Section 4 - Participant Statement and Waiver Election
- Section 5 - Spousal Consent (if applicable)

Ramifications of Not Submitting the Form

If you do not submit this completed form and do not have a beneficiary designation on file the Plan Document's Standard Beneficiary Designation shall apply. Please see your plan's Summary Plan Description (SPD) for additional information regarding the application of this provision.

How Marriage Affects Your Designation

- If you are married and your most recent Beneficiary Designation on file does not designate your spouse as the sole primary beneficiary, and does not have spousal consent for this designation, your spouse will be beneficiary of 100% of your account balance.
- If you are married and you do not designate that your spouse receive 100% of your vested account balance, then your spouse must sign the spousal consent portion of this form in the presence of a notary public. As long as your spouse is your sole primary beneficiary, his or her consent is not needed to name a contingent beneficiary.
- If you are single, you may use this form to designate any person as your beneficiary. If you marry before your account is distributed, your spouse will become your sole primary beneficiary, as described above, unless you file a new Beneficiary Designation Form and obtain the required spousal consent.
- If you are now married and should divorce your current spouse, then such divorce will automatically terminate the designation of your ex-spouse as beneficiary under the 401(k) Account. If you fail to make another designation, the 401(k) benefits will be distributed according to the Standard Beneficiary Designation. In the event that you remarry, your new spouse will receive 100% of your death benefit, unless you designate another beneficiary with the written consent of your new spouse, witnessed by a Notary Public.

Designating Minor Children

When designating minor children as beneficiaries, you may wish to utilize a state Uniform Transfer to Minors Act or Uniform Gift to Minors Act designation. This type of designation allows you to name a guardian for the minor beneficiary without having to develop a trust.

Other Important Items to Note

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach, date, and sign a separate piece of paper with your additional designations.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to primary beneficiary(ies) who survive. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).