

# HOW TO COMPLETE 401K BENEFICIARY FORM

Designation of Primary Beneficiaries is for your primary beneficiaries and their information. Please note that we do need their DOB's and their SSN's for accurate payout, if that event were to occur.

Sign and date the bottom

If your spouse is NOT your primary beneficiary, they need to sign this section, in front of a Notary Public

## Qualified Plan Designation of Beneficiary Meridian Industries, Inc. Retirement Plan

### Participant Information

<input type="text"/>	<input type="text"/>
<b>Employee Name</b>	<b>Social Security Number</b>
<input type="text"/>	<input type="text"/>
<b>Address</b>	<b>Date of Birth</b>
<input type="text"/>	<input type="text"/>
<b>City, State, Zip</b>	<b>Home Phone</b>
<input type="text"/>	<input type="text"/>

- I Am Not Married.** I hereby certify that I am not married at this time. (For this purpose, depending on the terms of the Plan, whether I am considered married may depend on whether I have been married for at least a 12-month period ending on the day of my death.) I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married.** I understand that as a married participant, I may designate someone other than my spouse to receive benefits payable because of my death. However, if I designate a Primary Beneficiary other than my spouse, my spouse's consent must be in writing and must be witnessed by a Notary Public or Plan Representative. If my spouse does not consent in this manner, I understand that my designation of someone other than my spouse as primary beneficiary will be invalid.

### Designation of Primary Beneficiary(ies)\*

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I designate the following person(s) as the primary beneficiary(ies) of my account balance under the Plan payable due to my death.

Name	Social Security #	Birthdate	Benefit %	%	Relationship
Name	Social Security #	Birthdate	Benefit %	%	Relationship
Name	Social Security #	Birthdate	Benefit %	%	Relationship

Check here if you wish to designate additional Primary Beneficiaries. Attach a list in the format used above and insert total number of primary beneficiaries: \_\_\_\_\_

### Designation of Contingent Beneficiary(ies)\*

In the event all the primary beneficiaries designated above predecease me, I designate the following person(s) as the contingent beneficiary(ies) of my account balance under the Plan payable due to my death.

Name	Social Security #	Birthdate	Benefit %	%	Relationship
Name	Social Security #	Birthdate	Benefit %	%	Relationship
Name	Social Security #	Birthdate	Benefit %	%	Relationship

Check here if you wish to designate additional Contingent Beneficiaries. Attach a list in the format used above and insert total number of contingent beneficiaries: \_\_\_\_\_

### \*Multiple Beneficiary Election

If I have designated more than one person as primary or contingent (secondary) beneficiary, and if one or more, but not all, fail to survive me, then the shares of those designated person(s) who do not survive me shall be paid or payable as follows.

- To their respective children then living, by right of representation.       To those designated persons who do survive me, share and share alike.       Not applicable.

### Participant Signature

I reserve the right to revoke or change my beneficiary designation and hereby revoke all prior beneficiary designations. I understand that: (1) if I am now married and I later divorce and remarry, this designation automatically will be void; (2) if I designate a beneficiary other than my new spouse, I must have my new spouse's consent; and (3) if I am now single and I later marry, this designation will become invalid and my surviving spouse will be my beneficiary unless he or she consents to a different beneficiary designation. For this purpose, depending on the terms of the Plan, whether I am considered married may depend on whether I have been married for the entire 12-month period ending on the day of my death. The trustee will pay all sums payable under the Plan in accordance with the terms of this form, and if no beneficiary survives me, then the Trustee will pay all amounts in accordance with the terms of the Plan. I understand that if my beneficiary(ies) survive me, but die prior to receiving a complete distribution of my benefits under the Plan, any remaining benefits that would have been paid to that beneficiary (or beneficiaries) will be paid to such beneficiary(ies) estate.

<input type="text"/>	x
<b>Date of this Designation</b>	<b>Participant's Signature</b>

**NOTE:** If you have not named your spouse as your sole primary beneficiary, you must complete either the CONSENT OF SPOUSE below, or the statement of no-n-marriage at the top of this form. Failure to complete one of these statements will result in an invalid Designation of Beneficiary form.

### Consent of Spouse

I am the spouse of the Participant named above. I understand that I have the right to all of my spouse's vested account balance under the Plan if my spouse dies prior to commencement of distribution of plan benefits. I agree to give up all my rights to my spouse's account balance and agree to the designation in the beneficiary designation above. I understand that my spouse cannot change the name of any beneficiary in the future unless I agree to that change. I understand that by signing this consent, I may receive less money than I would have received if I had not signed this consent and I may receive nothing from the Plan after my spouse dies. I understand that I do not have to sign this consent and I am signing voluntarily. I understand that if I do not sign this consent, then I will receive my spouse's entire vested account balance when my spouse dies. In order for this consent to be valid, an authorized plan representative or a notary public must witness it.

<input type="text"/>	x
Date of Execution of this Consent	Signature of Participant's Spouse

### Affirmation of Notary Public or Plan Representative

I affirm that \_\_\_\_\_ personally appeared, known to me to be the person who executed the above Consent of Spouse, this \_\_\_\_\_ day of \_\_\_\_\_,

Signature of Notary Public \_\_\_\_\_ or \_\_\_\_\_ Signature of Plan Representative

County and State of: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Please return this form to your human resources department.

BeneFormNOJIS 6/2003

Complete the Participant Information section

\*Designation of Contingent Beneficiaries is for your contingent beneficiaries and their information. Please note that we do need their DOB's and their SSN's for accurate payout, if that event were to occur.

\*If you have questions on beneficiaries, please click this link:  
<https://www.thebalance.com/beneficiary-315089>