

# Beneficiary form

Case number: 637-80031 // AVE MARIA 401(k) PLAN

## Participant information

Last/first name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security number: \_\_\_\_\_

### A

**Enter primary beneficiary Information.**

**Percentages  
must total 100%**

**Percentage  
of benefits**

If married, your spouse must be the only primary beneficiary unless your spouse signs the waiver in Section D.

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

### B

**Enter contingent beneficiary Information.**

**Percentages  
must total 100%**

**Percentage  
of benefits**

In the event that your primary beneficiaries do not survive you, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Last/first/MI name: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

### C

**Complete and sign.**

I certify that I am:  Married  Not married  Legally separated

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

### D

**This section must be completed if your spouse is not the sole primary beneficiary.**

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this Plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this Plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's name: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

This consent must be witnessed by either a Plan Representative or a Notary Public.

State of: \_\_\_\_\_ County of: \_\_\_\_\_

I certify that before me personally appeared the above-named spouse who signed the above spousal consent and acknowledged the same to be his/her free act and deed.

Plan Representative signature or Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Commission expires: \_\_\_\_\_ (Notary Seal)

### Additional information

You may make a written request to your Plan Administrator requesting a personalized statement describing the effect of electing an optional form of benefit and providing a comparison of the relative values under each available optional form of benefit. If you have additional beneficiaries, you can attach a separate piece of paper.