



Beneficiary Designation

Instructions

To designate a beneficiary or to change your existing beneficiary designation on a non-annuity plan, complete all applicable sections of this form, obtain any required signatures, and return it to your Plan Administrator. To confirm if your plan is a non-annuity plan, or for a further explanation of pre-retirement survivor benefit requirements, please see your Plan Administrator or call Diversified at 800-755-5801.

- Initial designation
- Change of designation

Section A. Employer Information

Company/
Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Participant Information

Last Name Date of Birth (mm/dd/yyyy)

First Name/MI Social Security No.

Mailing Address

City State

Zip Code Marital Status Single/Divorced

Phone No./Ext. Married

E-mail Address

Section C. Beneficiary Designation

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designations page provided. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee. *Note: If you are currently receiving required minimum distributions, do not use this form. Contact Diversified at 800-755-5801 (Retirement Counseling Group) to designate a beneficiary.*

Primary Beneficiary(ies) - Will receive benefits in the event of your death.

Beneficiary Last Name

First Name/MI Relationship

Mailing Address

City State

Zip Code Share of Benefits %

Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.

Beneficiary Last Name

First Name/MI Relationship

Mailing Address

City State

Zip Code Share of Benefits %

Supplemental Beneficiary Designations

Participant Name

Social Security No.

Primary Beneficiary Contingent Beneficiary

Beneficiary Last Name

First Name/MI

Relationship

Mailing Address

City

State

Zip Code

Share of Benefits %

Primary Beneficiary Contingent Beneficiary

Beneficiary Last Name

First Name/MI

Relationship

Mailing Address

City

State

Zip Code

Share of Benefits %

Primary Beneficiary Contingent Beneficiary

Beneficiary Last Name

First Name/MI

Relationship

Mailing Address

City

State

Zip Code

Share of Benefits %

Primary Beneficiary Contingent Beneficiary

Beneficiary Last Name

First Name/MI

Relationship

Mailing Address

City

State

Zip Code

Share of Benefits %
