

## Designation of Beneficiary Form Columbus Metropolitan Library 403(b) Plan

**PARTICIPANT INFORMATION** (Please Print Information Clearly)

Plan ID: FR00549

Employee Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies) under the Plan:

**Primary Beneficiary(ies)**

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Must Total 100%**

**Contingent Beneficiary(ies)**

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Must Total 100%**

**CURRENT MARITAL STATUS:** (Check One)

- I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- I am married.** If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the back of this form. (If consent of your spouse cannot be obtained – e.g., cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date

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**SPOUSE'S CONSENT**

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation on the reverse side hereof without first obtaining my written consent.

\_\_\_\_\_  
Name of Spouse                      Spouse's Signature                      Date

Sworn to, and witnessed by me, this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_

Name of Notary Public: \_\_\_\_\_

Notary Public's Signature: \_\_\_\_\_

If not notarized, witnessed by:

\_\_\_\_\_  
Name of Plan Administrator                      Plan Administrator's Signature                      Date