

CO-OP RETIREMENT PLAN BENEFICIARY DESIGNATION FORM

Name: _____ SSN: _____

Your Employer: _____

1. ___ I am **NOT MARRIED** and designate the following person(s) to receive any death benefits from the Plan. I understand if I marry, the designation is void one year after my marriage.

Name: _____ SSN _____ Percentage: _____
Address: _____ Relationship: _____

Name: _____ SSN _____ Percentage: _____
Address: _____ Relationship: _____

Should you need more than 2 beneficiaries, please attach a separate sheet with the above information listed for each beneficiary.

2. ___ I am **MARRIED** and designate my spouse named below as primary beneficiary to receive **ALL** death benefits from the Plan.

Spouse's Name: _____ SSN: _____
Spouse's Address: _____

If spouse is not living, pay death benefits to the following contingent beneficiary(s):

Name: _____ SSN _____ Percentage: _____
Address: _____ Relationship: _____

Name: _____ SSN _____ Percentage: _____
Address: _____ Relationship: _____

Should you need more than 2 contingent beneficiaries, please attach a separate sheet with the above information listed for each beneficiary.

3. ___ I am **MARRIED** and designate the following persons to receive death benefits in accordance with the Plan provisions: (**Caution:** This choice is only available only if you are age 35 or older)

Name: _____ SSN _____ Percentage: _____
Address: _____ Relationship: _____

Name: _____ SSN _____ Percentage: _____
Address: _____ Relationship: _____

Should you need more than 2 beneficiaries, please attach a separate sheet with the above information listed for each beneficiary.

Spouse's Consent: I consent to this designation which eliminates all or part of the death benefits otherwise payable to me from the Plan if my spouse dies. (Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the Plan sponsor if my spouse is located.

Spouse's Signature: _____ Date: _____

Notary Public: _____ (Seal)

Subscribed and sworn before me this _____ day of _____, _____

4. This Designation revokes all prior designations made under the Plan.

Name: _____ Date: _____

Instructions for filling out the Retirement Plan Beneficiary Designation Form

If you have been married for at least one year, federal law requires that death benefits from the Plan be paid to your spouse. This ensures that your spouse receives income from the Plan even if you die before you retire, if you are age 35 or older, the law does allow for payment of death benefits to someone else under certain conditions.

To be sure that death benefits are paid, as you want them to be, follow these guidelines.

Use choice (1.) if you are not married.

Use choice (2.) if you are married and want all death benefits from the Plan paid to your spouse. Your spouse does not have to sign the form.

Use choice (3.) if you are married and want death benefits paid to someone other than your spouse. Your spouse's notarized signature is required.

If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, notify the Plan immediately.

BE SURE YOU SIGN AND DATE THE FORM AT THE BOTTOM.

Please Mail or fax this form to:

**UNITED BENEFITS GROUP Fax: 816-459-8750
PO BOX 169005
KANSAS CITY, MO 64116**