BENEFICIARY DESIGNATION

SECTION ONE - PARTICIPANT INFORMATION

Plan Name			
Participant's Name		Social Security Number	
Street Address	City	State	ZIP
Date of Birth	Date of Hire		

SECTION TWO - BENEFICIARY INFORMATION

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	% Share
Name	Relationship	Social Security Number	% Share
Name	Relationship	Social Security Number	% Share
Name	Relationship	Social Security Number	% Share

CONTINGENT BENEFICIARY(IES)

Name	Relationship	Social Security Number	% Share
Name	Relationship	Social Security Number	% Share
Name	Relationship	Social Security Number	% Share
Name	Relationship	Social Security Number	% Share

SECTION THREE - 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 Beneficiary Designation.
☐ **I am married.**	If my spouse is not the sole Primary Beneficiary, my spouse has signed the consent below. 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

SECTION FOUR - SPOUSE'S CONSENT (Required only if spouse is NOT the sole primary beneficiary)

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 spousal 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

SECTION FIVE - NOTARIZATION / WITNESS (Required for all spousal signatures)

Sworn to, and witnessed by me, this _____day of _____ (Month), 20 _____

Name of Notary Public	Notary Public's Signature

IF NOT NOTARIZED, WITNESSED BY:

Name of Plan Administrator	Plan Administrator's Signature	Date

NOTE: The original must be kept by your Employer. All signatures are necessary for this form to be valid. Copies of completed forms should be mailed to: THE STOLLER COMPANY 190 North Wiget Lane, Suite 125, Walnut Creek, CA 94598-2476 (925) 932-1800