



# Beneficiary Designation and Spousal Consent Form

## LLNS Defined Benefit Pension Plan

### Single Sum Death Benefit

Faxes/ Copies Not Acceptable

**RETURN ORIGINAL TO:**

**LLNS Benefits Office**  
**P. O. Box 808 L- 640**  
**Livermore, CA 94551**

IF YOU ARE A MEMBER OF THE LLNS DEFINED BENEFIT PENSION PLAN (“PLAN”), USE THIS FORM to name a Beneficiary or Beneficiaries to receive a Single Sum Death Benefit from the Plan. There are specific legal requirements related to the designation of the primary beneficiary for this Single Sum Death Benefit. If you are married, your surviving spouse is automatically your primary beneficiary. If you want someone other than, or in addition to, your surviving spouse as your primary beneficiary, you will need your surviving spouse’s written consent witnessed by a notary public. For purposes of this Plan, the term, “spouse” refers to the individual recognized as your lawful husband or your lawful wife as defined under federal law.

The information on this form will replace any prior beneficiary designation for your Single Sum Death Benefit under the Plan. **Payment will be made to the named beneficiary(ies). If there is no named beneficiary, or if all named beneficiaries predecease the Member, settlement will be made in accordance with the terms of the Plan document.** This form will not be effective unless it is received by LLNS Benefits Office prior to the Member’s death.

#### 1. Member Information

Last Name	First Name	MI	Employee ID	Social Security No.	Date of Birth	Date of hire
Address		City	State	Zip	Daytime Phone	Home Phone
Marital Status ( <i>check one</i> ) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner					Gender ( <i>check one</i> ) <input type="checkbox"/> Male <input type="checkbox"/> Female	
This form applies only to my <b>Single Sum Death Benefit</b> under the LLNS Defined Benefit Pension Plan.						

#### 2. Beneficiary Designation

I hereby revoke any previous designations of primary beneficiary(ies) and secondary beneficiary(ies), if any, for my Single Sum Death Benefit under the Plan and in the event of my death, designate the following. An entity, such as a corporation, a charity or a trust (or trustee on behalf of a trust) may not be named as a Beneficiary.

##### A. Primary Beneficiaries

Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	MI	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	MI	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	MI	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	MI	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
<b>Total: (must equal 100 %)</b>			<b>0</b>

**B. Secondary Beneficiaries**

Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	Mi	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	Mi	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	Mi	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Beneficiary Description ( <i>check one</i> ) <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____	First Name	Mi	Last Name
Address ( <i>include city, state, and zip</i> )	Relationship	% of Share	
Total: (must equal 100 %)			0

**3. Authorization Signatures**

I authorize LLNS Benefits Office to record and consider the individuals that I have named on this form as beneficiaries for the Single Sum Death Benefit payable under the LLNS Defined Benefit Pension Plan

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Member must sign and date this form. The signature date must be the date the Member actually signed the form.*

**When naming a primary beneficiary other than or in addition to a surviving spouse, the surviving spouse consent (witnessed by a notary) is required.**

**Spouse's Consent (Required if Member is married and Member names a non-spouse primary beneficiary)**

I hereby consent to my spouse's designation of the above beneficiary(ies). I have read and understand the explanation (pg.3) of the effect my consent will have on the Single Sum Death Benefit which would otherwise be payable to me. I understand that I may revoke this consent at any time before the Member's death by delivering a written, notarized revocation to LLNS Benefits Office before the date of the Member's death.

X \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's Signature (Spouse's signature must be witnessed by a LLNS Benefits Representative or a notary)  
 Benefits Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**RETURN ORIGINAL TO:**  
  
**LLNS Benefits Office**  
**P. O. Box 808 L- 707**  
**Livermore, CA 94551**

State of \_\_\_\_\_ County of \_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
before me, personally  
appeared \_\_\_\_\_

**Notary Stamp**

personally known to me - OR -  proved to me on  
the basis of satisfactory evidence to be the person  
whose name is subscribed to the within instrument,  
and acknowledge that he/she executed it.

## **Important Information about Beneficiary Designations**

### **Instructions for Designating a Primary or Secondary Beneficiary**

#### **1. Member Information**

- All information in this section is required.

#### **2. Beneficiary Designation**

- You may name more than one primary and more than one secondary beneficiary. This form allows you to name up to four primary and four secondary beneficiaries. If you need additional space, please attach a separate sheet of paper.
- The following example may be helpful in designating an individual beneficiary.

**Individual:** "Mary A. Doe" (can be daughter, domestic partner, son or spouse)

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not Mrs. M. Doe")
- Include the address and relationship for each individual listed.
- Indicate the percentage to be assigned to each individual.

**Other:** "Mary A. Doe" or "Estate" (non-dependent, can be sister, neighbor, best friend or estate)

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not Mrs. M. Doe")
- Include the address and relationship for each individual listed.
- Indicate the percentage to be assigned to each individual.

#### **3. Authorization Signatures**

- The Member must read, sign, and date the authorization.
- Spouse's Consent is required if Member is Married and Member names a non-spouse primary beneficiary
- Submit the completed form to LLNS Benefits Office and print/keep a copy for your records.

### **Spousal Consent Requirements**

If you are not married or you are married and designate your spouse as your *sole primary* beneficiary, your spouse's consent is not required on this form.

If you are married and designate a primary beneficiary other than, or in addition to, your spouse, for your designation to be valid it is mandatory that your spouse sign in the Spouse's Consent section of this form, and that his or her signature be witnessed by a notary.

By signing the consent section of this form, your spouse certifies that he or she understands that he or she forgoes rights to the Single Sum Death Benefit under the Plan, which he or she would otherwise receive. Such consent remains valid until you file a subsequent form indicating a change of beneficiary or until your spouse properly revokes, in writing, his or her consent.

### **Naming Beneficiaries**

If you are married and do not have a valid beneficiary designation on file, by law your surviving spouse is automatically your sole primary beneficiary for the Single Sum Death Benefit payable under the Plan. If you are unmarried and you do not have a valid beneficiary designation on file, the Single Sum Death Benefit payable under the Plan will be paid in accordance with the terms of the Plan document. **If you are married, any non-spouse *primary* beneficiary designation you make without having your surviving spouse's consent witnessed by a notary is not valid.** In this case, the Single Sum Death Benefit payable under the LLNS Defined Benefit Pension Plan will be paid upon your death to your surviving spouse.

Subject to **spousal consent requirements**, you can name any individual you wish as your beneficiary to receive the Single Sum Death Benefit under the Plan.

If you properly name more than one primary beneficiary, each surviving primary beneficiary will share equally in your Single Sum Death Benefit unless you specify different percentages for these co-beneficiaries. If a percentage is indicated and your primary beneficiary(ies) does not survive you, the percentage share of that designated beneficiary shall be divided among the other primary beneficiaries who survive you in proportion to their designated percentages (or equally if no percentages are designated).

You can also name one or more secondary beneficiary(ies). If no primary beneficiary is living at your death, each properly named secondary beneficiary who survives you will share equally in your Single Sum Death Benefit unless you specify different percentages for these co-beneficiaries. If a percentage is indicated and your secondary beneficiary(ies) does not survive you, the percentage share of that designated beneficiary shall be divided among the other secondary beneficiaries who survive you in proportion to their designated percentages (or equally if no percentages are designated).

**NOTE:** Subject to **spousal consent requirements**, you can change your beneficiary designation at any time by properly submitting an updated form to LLNS Benefits Office [insert address]. It is important that you review your beneficiary designations periodically to ensure that your beneficiary designations are up to date. For example, if you remarry, your new spouse must be your sole primary Beneficiary unless your new spouse consents to a different primary beneficiary or, if you get divorced, your former spouse may be entitled to all or a portion of the Single Sum Death Benefit pursuant to a Qualified Domestic Relations Order