

**ALTERNATE BENEFICIARY DESIGNATION AND SPOUSAL CONSENT FORM**

**Samuel Meritt College Custom Saver Pension Plan**



**PARTICIPANT INFORMATION**

Last Name	First Name	Middle Initial
Address	City	State Zip / /
Email	Social Security #	Date of Birth

**ALTERNATE BENEFICIARY DESIGNATION**

As a participant in the above named Plan, I hereby acknowledge that I have been informed by the Plan Administrator that I have the right to waive the designation of my spouse as the sole, direct beneficiary of my death benefit only if my spouse consents in writing to such a waiver; and that I have the right to revoke such waiver which may be made at any time without my spouse’s consent. I hereby elect to waive the right to have my spouse be the sole, direct beneficiary of my pre-retirement death benefit. (If more than one beneficiary is designated, payments will be made in equal shares to those persons designated as beneficiaries who survive me, unless indicated otherwise.) - **Be sure percentages total 100%**. I designate the following beneficiary in lieu of my spouse (revoking any prior designation or contingent designation made by me):

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Primary Beneficiary		
Name:	Relationship:	%
Name:	Relationship:	%
Secondary Beneficiary		
Name:	Relationship:	%
Name:	Relationship:	%

**SPOUSAL CONSENT**

I hereby consent to the designation made by my spouse to have the death benefit paid to the beneficiary named in the foregoing election. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse’s death benefit to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable by me unless my spouse revokes this beneficiary designation.

**Spousal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WITNESS TO SPOUSAL CONSENT – Must be witnessed by a Plan Official or Notary Public**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (the spouse of the participant) to me known (or proved to me on the basis of satisfactory evidence) to be the person who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same of his/her free act and deed, and I witnessed such execution.

**Signature of Plan Official or Notary Public** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note: Plan Administrator/Trustees cannot witness their own or their spouse’s signature. These signatures must be witnessed by a Notary Public.**