

Principal Trust Company

A member of



Mailing Address:
 P.O. Box 8963
 Wilmington, DE 19899-8963
 800-209-9010 Fax: 302-999-9554
TRSProcessing@principaltrust.com

**Beneficiary Designation/
 Change Form**

I. Participant Information (Please print or type)		
Plan Name		Brokerage Firm & Account Number
Participant Name		Social Security Number
Street Address		Daytime Phone Number
City	State	ZIP Code

II. Beneficiary Designations	
<p>I hereby designate the following individuals as primary and contingent beneficiaries of my accumulated benefits which will be paid by reason of my death under the provisions of the plan. The trustee shall pay all accumulated benefits under the plan by reason of death to the primary beneficiary(ies), and if no primary beneficiary(ies) shall survive, then to the spouse (if any) or to the estate of the Participant. If more than one beneficiary is designated, such beneficiaries share equally unless otherwise specified. The trustee shall make payment in accordance with the most recent beneficiary data sheet, which is on file with the plan sponsor. This beneficiary designation will supercede any and all previous beneficiary designations. The right to revoke or change any beneficiary designation is hereby reserved. All prior beneficiary designations (if any) are hereby revoked. Note: Please check the appropriate Primary or Contingent box for each beneficiary. Percentages must total 100.</p>	

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	
	Street Address		City	State
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name		Social Security Number	
	Date of Birth	Allocation %	Relationship	
	Street Address		City	State

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name			Social Security Number	
	Date of Birth	Allocation %	Relationship	Phone Number	
	Street Address		City	State	ZIP Code
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name			Social Security Number	
	Date of Birth	Allocation %	Relationship	Phone Number	
	Street Address		City	State	ZIP Code

III. Participant Certification of Marital Status

I am single
 I am married
 I am married and have no knowledge of the whereabouts of my spouse

IV. Spouse's Consent and Waiver

Complete this section only if someone other than spouse is listed as Primary Beneficiary

I hereby consent to the foregoing beneficiary designation by my spouse, naming someone other than me as the Primary Beneficiary. Furthermore, I hereby acknowledge that (1) the effect of my consent to this election will cause me to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) this beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Signature	Date
Witnessed by Notary Public	If Notary Public, Commission Expires

V. Participant Signature

Participant Signature Required	Date
Executed this _____ day of _____, _____.	
Witnessed by Notary Public:	

Complete separate forms for participating owners and participating spouses.



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Beneficiary Guidelines

Important Guidelines

- Beneficiary designations are legal documents stating who is to receive the death benefits and how benefits are to be paid. Without designations, benefits will be paid to the spouse as primary beneficiary or the participant's estate as the contingent beneficiary.
- It is required that each participant complete the Beneficiary Designation form when he/she becomes eligible to participate in the plan.
- If you are married and designate a beneficiary other than your spouse, your spouse must consent in writing on the Beneficiary Designation form. (Spouse signature MUST BE STAMPED BY NOTARY)
- At any time, the beneficiary information can be changed to reflect a new designation by completing a Beneficiary Designation form. The original copy of this form must be maintained in the employer's files. A copy of this form must be sent to us, so we can keep our records current. Mail, fax or email (TRSProcessing@principaltrust.com) a copy to Principal Trust.
- Principal Trust Company will not accept any altered forms. Each Beneficiary Designation form must be clear and complete. We cannot accept requests with items crossed out. If we are unsure of the designation chosen, we will ask for clarification on a new form.
- Words like "or" "and/or" cannot not be used because it does not clearly explain how the assets should be distributed. The Allocation Percentage section of the Beneficiary Designation form should be completed with the percentage of assets you want allocated to each beneficiary. Allocation percentages do not have to be the same percentage for all beneficiaries, but they must total 100% for all primary and contingent beneficiaries.
- We strongly suggest that you consult with your attorney to determine the correct wording. Principal Trust Company is not authorized to, and cannot provide legal advice.

Unacceptable Designations

- Last Will and Testament
- Animals named as beneficiaries

Sample Designations

	Name	Relationship	Address	Allocation
One Beneficiary	John Smith	Father	#####	100%
Two Beneficiaries	John Smith Mary Smith	Father Mother	##### #####	50% 50%
Primary and Contingent	Mary Smith-Primary John Smith-Contingent	Mother Brother	##### #####	100% 100%
Estate	My Estate			100%
Trust	XXX Trust Company	Trustee in trust (under trust name) dated (date established)	Trustee's address	100%
Minor Children	Consult with your attorney for directions when naming minor children as beneficiaries			