

To be completed and submitted by participant upon enrollment, or to change a previous designation. (1/3)

## I. Participant Information

First Name		Middle Name		Last Name	
Street Address		Apt.	City	State	Zip
Date of Birth (MM/DD/YYYY)		Social Security Number:			
( )		( )		( )	
Home Phone		Work Phone		Cell Phone	
Email Address		Birth Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Gender Identity (optional)	
		Pronouns (optional)			

## II. Marital Status Information

The **Retirement Equity Act (REA) of 1984** requires participants applying for a distribution to provide information about marital status. Be sure to keep the Fund advised about changes in your marital status. Change in your marital status may affect this Beneficiary Designation, which is on file in the Fund Office.

☐ **Not Married**

Check here if single, widowed, or divorced.

You may designate one or more beneficiaries to receive any Pre-Retirement Death Benefit in Section III.

☐ **Married**

Your spouse is automatically entitled to 50% of your Pre-Retirement Death Benefit.

If you do not appoint any person(s) under Section III your spouse will receive 100% of your Pre-Retirement Death Benefit.

If you wish to elect a spousal waiver, please see page 2.

First Name, Spouse		Middle Name, Spouse		Last Name, Spouse	
Street Address, Spouse		Apt.	City	State	Zip
Date of Birth, Spouse (MM/DD/YYYY)		Spouse's Social Security Number:			
( )		( )		( )	
Home Phone, Spouse		Work Phone, Spouse		Cell Phone, Spouse	
Email Address, Spouse		Birth Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Gender Identity (optional)	
		Pronouns (optional)			

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### III. Designation of Beneficiary

My designated beneficiary (ies) who is (are) eligible to receive any Pre-Retirement Death Benefit payable on my behalf is/are:

Name _____	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent _____ %
Address _____	
Date of Birth _____	Phone Number _____
Social Security Number _____	Relationship _____

Name _____	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent _____ %
Address _____	
Date of Birth _____	Phone Number _____
Social Security Number _____	Relationship _____

If more than one beneficiary has been designated, the Fund will assume that these individuals are to share equally with the last survivor receiving 100% of the benefits which may be payable. If you need to elect additional beneficiaries, please turn to page 2, Section IV.

If you wish to name a second person to receive the death benefit in case the first person predeceases you, you must specify after the names "primary" and "contingent".

If a minor is named and if at the time of your death she or he is still a minor, a guardian or other fiduciary must be appointed by a Court and a Court Order or Certificate evidencing such appointment must be submitted to the Fund before the benefit can be paid to the fiduciary. This can be time-consuming and costly to the beneficiary.

If no beneficiary is named, if all of the designated beneficiaries predecease you, or if your designation of beneficiary is ineffective, any benefit payable upon your death will be payable to your

spouse. If no spouse survives you, it will be paid to your estate.

If you wish to name your estate, write in the words "my estate."

If your benefit becomes payable to your estate, the Fund will secure a copy of the Court Order or Certificate authorizing a fiduciary to act on behalf of your estate and the benefit will be paid to such fiduciary.

### IV. Additional Designation of Beneficiary

Use this Section if additional designations of beneficiary are needed.

Name _____	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent _____ %
Address _____	
Date of Birth _____	Phone Number _____
Social Security Number _____	Relationship _____

Name _____	
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent _____ %
Address _____	
Date of Birth _____	Phone Number _____
Social Security Number _____	Relationship _____

### V. Participant Signature

I hereby certify that the information provided on this form is accurate as of the date of my signature and that it reflects my wishes with respect to any Pre-Retirement Death Benefit payable if I die while a Participant of the Fund.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

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**To be completed by Married Participant and Spouse Only If Electing a Spousal Waiver**

I understand that, beginning with the January 1 of the year in which I become age 35, I may elect to waive the Pre-Retirement Death Benefit to which my spouse would automatically be entitled. (Plan year begins January 1 and ends December 31.)

I understand that this election will be valid only if my spouse consents by signing the form and that such an election may be revoked by me if I file a revised Designation of Beneficiary (B1) form to the Fund.

I understand that if I have elected to waive and my spouse has duly consented, I may designate one or more beneficiaries to receive any Pre-Retirement Death Benefit which becomes payable.

**My signature certifies the following:**

I am married and I am age 35 or will become age 35 before the next December 31.

I hereby elect to waive the Pre-Retirement Death Benefit which is automatically payable to my surviving spouse and which is not less than 50% of my total death benefit.

I understand that this election will not be valid unless my spouse consents by completing the Section below. I further understand that any such spousal consent will be effective at the time of my death only if it has been signed by the person who is my spouse at the time of my death.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Spouse must complete section below if waiver has been elected above.**

I understand that my spouse is a Participant in the YWCA Retirement Fund and that upon the death of my spouse I am entitled to receive a Pre-Retirement Death Benefit which is the actuarial equivalent of at least 50% of my spouse's death benefit.

I hereby consent to my spouse's election to waive the Pre-Retirement Death Benefit to which I would automatically be entitled, as described above, and I also consent to my spouse's Designation on Section III.

Spouse's Social  
Security Number:

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\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Signature of Spouse, Must be Witnessed by a Notary Public.

\_\_\_\_\_  
Date

**TO BE COMPLETED BY NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally  
appeared before me the said \_\_\_\_\_ (participant's name) to be known to be the individual described in and who executed the foregoing instrument, who duly  
acknowledged to me that she or he executed the same, and being duly sworn by me, made oath that the statements therein contained are true to the best of her or his knowledge  
and belief.

\_\_\_\_\_  
Sign and certify with stamp or seal