

DESIGNATION OF BENEFICIARY FORM



This form is to be maintained by the Employer, not by DailyAccess Corporation.

PLAN PARTICIPANT INFORMATION

Employer/Plan Name: _____

Participant Name: _____

Social Security #: _____ Marital Status: Married Single

Address: _____

City: _____ State: _____ ZIP: _____

Federal law requires a married participant to name his or her spouse as primary beneficiary, unless the spouse consents in writing to another designation or additional beneficiaries, and a Notary Public witnesses this consent.

BENEFICIARY DESIGNATION INFORMATION

Primary Beneficiary(ies)

	Name	Relationship	Birth Date	% Share of Proceeds
1.	_____	_____	_____	_____ %
2.	_____	_____	_____	_____ %
3.	_____	_____	_____	_____ %
4.	_____	_____	_____	_____ %

Secondary Beneficiary(ies)

	Name	Relationship	Birth Date	% Share of Proceeds
1.	_____	_____	_____	_____ %
2.	_____	_____	_____	_____ %
3.	_____	_____	_____	_____ %
4.	_____	_____	_____	_____ %

Other Instructions

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND SECONDARY BENEFICIARIES.

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the secondary beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary in each group equally to the living beneficiaries in the group.

PARTICIPANT'S SIGNATURE

Participant's Name (please sign) _____

Date _____

NOTE: IF YOU ARE MARRIED, SEE PAGE TWO OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

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If you are married, your spouse is automatically your primary beneficiary, unless you designate another beneficiary and your spouse consents by signing below. If your plan provides that the death benefit be paid in the form of a joint and survivor annuity or a pre-retirement survivor annuity to your surviving spouse, then the designation of a primary beneficiary other than your spouse will be a waiver of this automatic annuity as well.

SPOUSAL CONSENT

This section must be completed by your spouse if you are married and name a primary beneficiary other than, or in addition to, your spouse.

I hereby consent to the designation of the beneficiary(ies) listed on the previous page, and acknowledge that I understand (1) that the effect of such designation is to cause my spouse’s death benefit, or a portion of it, 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 unless my spouse revokes the beneficiary designation.

Participant’s Spouse (please sign) **Date**

NOTARY PUBLIC

State Of: _____ County Of: _____ ss

On this _____ day of _____, 20 _____ personally appeared before me _____,
the spouse of _____.

Said Spouse:

- Is to me known and known to me to be the person described herein **OR**
- Was proved to me (on the basis of satisfactory evidence described herein) to be the person who executed the foregoing instrument and who acknowledged that he (or she) executed the same of his (or her) own free will.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL)

Notary Public

My commission expires: _____