

# Designation of Beneficiary

## Section A - General Participant Information

Please complete all blanks

PARTICIPANT Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 SS # \_\_\_\_\_ Birth date \_\_\_\_\_ Gender:  Male  Female

I would like this Designation of Beneficiary to apply to:

- All of my accounts with MBA  Deferred Compensation Rabbi Trust/409A only  
 Personal Savings Account(s) only: \_\_\_\_\_  403(b) only  
Account # Account #

## Section B - Instructions for Individuals or Trusts

If your primary beneficiary is an individual (as opposed to a Trust), a contingent beneficiary should be designated. If you list a Trust as a beneficiary, a full copy of the Trust agreement must be included. Please check primary or contingent for each beneficiary.

## Section C - Designation of Beneficiaries

The following Trust and/or individual(s) shall be my beneficiary(ies). If any primary beneficiary predeceases me, the contingent beneficiary(ies) shall acquire the designated share of my account.

*If you are married and your spouse is not your primary beneficiary, a spousal signature is required:* \_\_\_\_\_

- Please list my Trust as my primary beneficiary. (Please list contingent beneficiaries below and attach a full copy of the Trust agreement.)  
 Please list my Trust as my contingent beneficiary. (Please list primary beneficiaries below and attach a full copy of the Trust agreement.)

<input type="checkbox"/> Primary	Name _____	Social Security # _____
<input type="checkbox"/> Contingent	Address _____	Date of birth _____
Share _____%	_____	Relationship _____
<input type="checkbox"/> Primary	Name _____	Social Security # _____
<input type="checkbox"/> Contingent	Address _____	Date of birth _____
Share _____%	_____	Relationship _____
<input type="checkbox"/> Primary	Name _____	Social Security # _____
<input type="checkbox"/> Contingent	Address _____	Date of birth _____
Share _____%	_____	Relationship _____
<input type="checkbox"/> Primary	Name _____	Social Security # _____
<input type="checkbox"/> Contingent	Address _____	Date of birth _____
Share _____%	_____	Relationship _____

*Attach additional sheet, if needed, for beneficiary designations.*

### Please check just one:

- If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to my other children in equal shares **OR**  
 If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to his or her issue (my grandchildren) by right of representation.

The payor may rely fully on this designation, and I agree to promptly notify the payor if there is any change in the status of any primary or contingent beneficiary.

## Section D - Signature

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please keep a copy for your records.*

MBA Retirement