

**BENCOR NATIONAL GOVERNMENT EMPLOYEES RETIREMENT PLAN
DESIGNATION OF NON-SPOUSAL BENEFICIARY**

PLAN SPONSOR: _____

I AM CURRENTLY MARRIED, and I do NOT wish for my spouse to receive all death benefits.
(Spousal consent is required for this option)

I designate the following person(s) to receive death benefits:

NAME: _____

RELATIONSHIP: _____ SS #: _____

ADDRESS: _____

As the spouse of the participant named below, I irrevocably consent to waive my right to death benefits under the above referenced Plan. I understand that any and all death benefits will be paid to the person(s) named above, and that these benefits would have otherwise been paid to me.

Signature of Spouse: _____ Date: _____

Notary Public: _____

PLEASE NOTE THE FOLLOWING:

- 1) If there is any change in your marital status you **MUST** obtain and properly complete and return a new Designation of Beneficiary Form.
- 2) If more than one Beneficiary or contingent beneficiary is named, the persons named will be equal beneficiary unless other wise specified.
- 3) This Designation of Beneficiary Form will remain in force until such time as you may elect to change it, subject to the provisions of the Plan.
- 4) This Designation of Beneficiary form must be returned to BENCOR, Inc. at the address listed applicable sections properly completed.

Name of Plan participant (Please Print): _____

Social Security Number of Plan Participant: _____

Address of Plan Participant: _____

Signature of Plan Participant: _____ Date: _____

Return To: **BENCOR Administrative Services 8488 Shepherd Farm Drive West Chester, Ohio 45069**
Toll Free Phone (888) 258-3422

PLEASE NOTE: If you are not married, or if you DO wish to designate your spouse as your beneficiary, please contact BENCOR Administrative Services for the proper designation of beneficiary form. **DO NOT COMPLETE THIS FORM.**