



### Participant Information

Social Security Number    -   -

Name Last First Initial

Marital Status:  Single  Married

### Plan Selection

This designation will apply to the savings component (the "Plan") of your Pension Plus Retirement Plan. Please contact the Office of Retirement Services if you wish to change your beneficiary for the pension component.

I wish for my designation on the form to apply to:  401(k) Plan  457 Plan  Both

### Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated beneficiary under the Plan unless I elect otherwise and my spouse consents to such election. (NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE PLAN.) I hereby designate the following person(s) as primary beneficiary of my account under the Plan if I should die prior to the liquidation of my account.

<u>Name</u>	<u>Name</u>
<u>Social Security Number</u>	<u>Social Security Number</u>
<u>Address</u>	<u>Address</u>
<u>City/State/Zip</u>	<u>City/State/Zip</u>
<u>Date of Birth</u>	<u>Date of Birth</u>
<u>Relationship to Participant</u>	<u>Relationship to Participant</u>
<u>Percentage*</u>	<u>Percentage*</u>

If entering more than two beneficiaries, attach additional sheets and check here

\*Use whole numbers

### Contingent Beneficiary

In the event there is no living primary beneficiary at my death, I hereby designate the following person(s) as contingent beneficiary of my account.

<u>Name</u>	<u>Name</u>
<u>Social Security Number</u>	<u>Social Security Number</u>
<u>Address</u>	<u>Address</u>
<u>City/State/Zip</u>	<u>City/State/Zip</u>
<u>Date of Birth</u>	<u>Date of Birth</u>
<u>Relationship to Participant</u>	<u>Relationship to Participant</u>
<u>Percentage*</u>	<u>Percentage*</u>

If entering more than two beneficiaries, attach additional sheets and check here

\*Use whole numbers

Please see the following page for a description of how beneficiaries are handled under the Plans and for required signatures.



Social Security Number    -   -

When more than one Beneficiary is designated and a percentage is not specified, payment will be made in equal shares to each Beneficiary. If the designated Beneficiary is the Participant's grandparent, the descendant of a grandparent, or a stepchild of the Participant, and the Beneficiary predeceases the Participant or dies before complete distribution, that Beneficiary's share shall be paid to his/her descendants, unless other arrangements are specifically designated on this form. If the designated Beneficiary is not the Participant's grandparent, the descendant of a grandparent, or a stepchild of the Participant, and the Beneficiary predeceases the Participant or dies before complete distribution, the Beneficiary's share shall be paid in equal shares to each surviving beneficiary. If no beneficiary survives the Participant, the benefit shall be payable to the Participant's spouse, or if no spouse, to the Participant's Legal Representative or if no Legal Representative, to the Participant's estate if then under active administration of a probate or similar court, or if not, to those persons who would then take the Participant's personal property under the Michigan intestate laws.

In the event of any conflict between this form as completed and the terms of the Plan or if any terms are inserted above that are unacceptable to the Plans' Administrator, then the terms of the Plan as summarized above and as interpreted by the Administrator shall control.

**Signature**

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries. (NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE PLAN.)

\_\_\_\_\_  
**Participant**

\_\_\_\_\_  
**Date**

**Consent of Spouse**

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the designation of beneficiary.

I have executed this consent this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
**Signature of Participant's Spouse**

**A CONFIRMATION STATEMENT WILL BE MAILED TO YOU ACKNOWLEDGING THIS ELECTION.**

**PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.**