

Beneficiary Designation Form: Ichabod Crane Central School District 403(b) Plan

Social Security Number	Last Name	First Name		
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		
Address				
<input style="width:100%;" type="text"/>				
City	State	Zip	Date of Birth	Date of Hire
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Beneficiary Information

I AM NOT MARRIED

I understand that if I become married in the future, this form ceases to apply and I should file a new beneficiary designation.

I AM MARRIED

If my spouse is not the Primary Beneficiary, my spouse has signed the consent and acknowledgement below. If my spouse does not sign such consent, I understand that any death benefits under the Plan will automatically be payable in full to my surviving spouse.

I designate the following individual(s) as beneficiary of my account with regard to the percentage I have indicated below:

Primary Beneficiary(ies)

Legal Name	Address	SSN	Relationship	% of Benefit
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Secondary Beneficiary(ies) – if primary dies before you

Legal Name	Address	SSN	Relationship	% of Benefit
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

Spousal Consent & Waiver (If someone other than spouse is Primary Beneficiary)

I hereby consent to the foregoing election by my spouse, to have some or all of his/her benefits paid to a person other than me. I understand that (1) the effect of such designation is to cause some or all of my spouse’s death benefit to be paid to a beneficiary other than me, (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse’s Signature: _____ Date: _____

Plan Representative
or Notary Signature: _____ Date: _____

Participant Authorization

I have read and understand the instructions contained on this form. Any previous beneficiary designation made by me is hereby revoked. Subject to spousal consent, I reserve the power to change this designation at any time by a form similar to this both signed by me and received by the Plan Administration prior to my death. If my primary beneficiary(ies) precedes me in death, distribute my Plan to my secondary beneficiary(ies). If none of the named beneficiaries survives me, distribute according to the Plan and Trust Document.

Participant’s Signature: _____ Date: _____