



Retirement plan beneficiary designation without QPSA requirement

Southeast Health Group Retirement Plan
Contract/Plan ID Number: 814443
CTD01304

Follow these steps to name your beneficiary(ies): 1) Complete the Personal Information section.
2) Name your beneficiary(ies). See page 3 for more detailed instructions and examples. 3) Sign the form at the bottom of Page 2. 4) Return your beneficiary form to your plan sponsor (typically your employer).

Note: Only use this form if the plan does not allow Life Annuities or is a Governmental 457 Plan.

My personal information (please print with black ink)

Name		Phone number	Social Security number
_____	_____	____-____-____	____-____-____
Last	First	MI	
Address		Email address	
_____	_____	_____	_____
Street	City	State	Zip

Naming my beneficiary(ies)

Before completing, please read the instructions, examples and Qualified Preretirement Survivor Annuity information on this form. You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), please attach a separate list that you have signed and dated. Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name [primary beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____/____/____	_____	____-____-____	_____
Address	City	State	ZIP	
_____	_____	_____	_____	
Name [primary beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____/____/____	_____	____-____-____	_____
Address	City	State	ZIP	
_____	_____	_____	_____	

If primary beneficiary(ies) is not living, pay death benefits to:

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Name [contingent beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____/____/____	_____	____-____-____	_____
Address	City	State	ZIP	
_____	_____	_____	_____	
Name [contingent beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____/____/____	_____	____-____-____	_____
Address	City	State	ZIP	
_____	_____	_____	_____	

Beneficiary form

Contract/Plan ID Number: 814443

Name change

Change my name from:

Change my name to:

Date

_____/_____/_____
Reason: Married Divorce Other - provide reason: _____

My signature

This designation revokes all prior designations made under the retirement plan.

My signature (required)

Date

X _____/_____/_____

Under the penalties of perjury, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.