

Beneficiary Designation Form

* Indicates a Required Field

ACCOUNT HOLDER INFORMATION

* Account Holder Name: _____ * Social Security #: _____

NAME YOUR BENEFICIARIES *(If additional Beneficiary(ies) are desired, please make a copy of this page to provide additional Beneficiary(ies) information.)*

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

☐ Primary ☐ Contingent ☐ Per Stirpes* _____ % Share

Beneficiary/Entity Name: _____

Relationship: _____ Date of Birth: ____/____/____ Social Security #: _____

Address: _____ City, State, Zip: _____

☐ Primary ☐ Contingent ☐ Per Stirpes* _____ % Share

Beneficiary/Entity Name: _____

Relationship: _____ Date of Birth: ____/____/____ Social Security #: _____

Address: _____ City, State, Zip: _____

☐ Primary ☐ Contingent ☐ Per Stirpes* _____ % Share

Beneficiary/Entity Name: _____

Relationship: _____ Date of Birth: ____/____/____ Social Security #: _____

Address: _____ City, State, Zip: _____

PLEASE NOTE: If you designate more than one beneficiary or contingent beneficiary, the percentage allocations must add up to 100%.
Account Holder understands that if no beneficiary survives him/her or if the beneficiary(ies) cannot be located, the Account Holder's estate will be the sole beneficiary for the Account. Account Holder understands that if Account Holder fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiaries remain).

Account Holder understands that he/she may change or revoke this designation at any time by completing a new Beneficiary Designation Form during his/her lifetime with RPC. Completing of this form will revoke any prior beneficiary designations made for the account.

*A "per stirpes distribution of my estate in equal shares to my children Bob and Sue" means that if Bob dies before me, his children can share what would have been his share had he survived me.

*Participant's Signature: _____ *Date: ____/____/____

NOTE: Spousal Consent is required if the participant is married and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse's Signature: _____ Date: ____/____/____

Plan Representative OR Notary Signature: _____

Witness of Notary: Subscribed and Sworn to me this _____ day of _____, 20____.

Commission Exp. Date: ____/____/____