

# Trimlite, LLC/Retirement Income Security Plan

## Beneficiary Designation Form

Original Form

Updated Form, Effective Date of Update \_\_\_\_\_

Use this form to designate or update your primary or contingent beneficiaries. **You may also update your beneficiaries quickly and easily online by logging into your account at [www.myplanconnection.com](http://www.myplanconnection.com) and selecting "Beneficiaries".** However, if spousal consent is required for your designation (see below), you **must** submit a notarized form evidencing spousal consent.

### STEP 1: PARTICIPANT INFORMATION

Participant's Name (Last Name, First Name, Middle Initial):		Social Security Number:	Date of Birth:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, Date Divorce Effective _____			
Street Address:			
City:	State:	Zip Code:	
Email Address:	Daytime Phone:	Evening Phone:	
Company/Worksite Employer:	Date of Hire:	Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal	

### STEP 2: SPOUSAL ENTITLEMENTS

Federal regulations provide that spouses have special status as beneficiaries of qualified retirement plans. If the Participant is married and a beneficiary other than his/her spouse is designated as a Primary Beneficiary, spousal consent is required and the spouse's signature must be notarized (see Step 5 below). If a Participant is not married at the time of the Beneficiary designation but later becomes married, the Beneficiary designation becomes null and void and the spouse is assumed to be the beneficiary unless a second Beneficiary Designation form is completed and spousal consent is obtained.

Unmarried Participant:	<input type="checkbox"/> I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my authorized Plan Representative of any changes in my marital status.
Married Participant:	<input type="checkbox"/> I understand that I must elect my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary.

### STEP 3: BENEFICIARY DESIGNATION

Designate your Primary Beneficiary(ies) in Section A and your Contingent Beneficiary(ies) in Section B. Please be sure that the percentage of benefits to be received by your Primary Beneficiaries totals to 100% and that the percentage of benefits to be received by your Contingent Beneficiaries totals to 100%. Contingent Beneficiaries receive funds only if no Primary Beneficiary survives you. If you do not designate a Contingent Beneficiary and you survive all of your Primary Beneficiaries, your benefits will be paid to your estate.

#### A. Primary Beneficiary(ies) (Please attach additional pages as necessary):

1. Beneficiary's Name	Beneficiary's Social Security Number	
Relationship to Participant:	Beneficiary's Date of Birth	
Street Address:		
City:	State:	Zip Code:
Email Address:	Daytime Phone:	Evening Phone:
Percentage of Benefits to be Received:	%	

2. Beneficiary's Name		Beneficiary's Social Security Number
Relationship to Participant:		Beneficiary's Date of Birth
Street Address:		
City:	State:	Zip Code:
Email Address:	Daytime Phone:	Evening Phone:
Percentage of Benefits to be Received:        %		

3. Beneficiary's Name		Beneficiary's Social Security Number
Relationship to Participant:		Beneficiary's Date of Birth
Street Address:		
City:	State:	Zip Code:
Email Address:	Daytime Phone:	Evening Phone:
Percentage of Benefits to be Received:		

**B. Contingent Beneficiary(ies) (Please attach additional pages as necessary):**

1. Beneficiary's Name		Beneficiary's Social Security Number
Relationship to Participant:		Beneficiary's Date of Birth
Street Address:		
City:	State:	Zip Code:
Email Address:	Daytime Phone:	Evening Phone:
Percentage of Benefits to be Received:		

2. Beneficiary's Name		Beneficiary's Social Security Number
Relationship to Participant:		Beneficiary's Date of Birth
Street Address:		
City:	State:	Zip Code:
Email Address:	Daytime Phone:	Evening Phone:
Percentage of Benefits to be Received:		

**STEP 4: YOUR SIGNATURE**

The execution of this form and delivery thereof to the Plan Administrator revokes all prior designations of beneficiaries that I have made. The beneficiary designations made hereby shall become invalid if I am married at the time of my death unless my spouse has consented in writing to the designations made herein.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STEP 5: SPOUSAL SIGNATURE**

If you are married and your spouse is not your sole Primary Beneficiary in Step 3, then you must obtain spousal consent. If spousal consent is not obtained, your beneficiary designation will be null and void. Please specify your current marital status below.

- I certify under penalties of perjury that I am not married as of the date that this form is signed and that there are no Plan benefits payable to a former spouse under a Qualified Domestic Relations Order
- I certify that I am married (or was married and subject to a Qualified Domestic Relations Order applicable to this Plan)

To be completed by the Participant's Spouse or Former Spouse if entitled to Plan benefits under a Qualified Domestic Relations Order:

I, the undersigned, being the lawful spouse of the above named Participant, do hereby consent to the beneficiaries designated by my spouse in this instrument. I understand that if this consent is in effect at the time of my spouse's death, I have waived any right I might then have to any benefit under the Plan payable due to spouse's death, except to the extent that my spouse may name me specifically as a beneficiary herein. This consent and waiver is my free and voluntary act. I understand that my consent is irrevocable unless my spouse revokes the above beneficiary designation.

**Signature (Spouse):** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by a Notary Public:

Sworn before me this day: \_\_\_\_\_ In the State of: \_\_\_\_\_ Country of: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Notary Public Stamp: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**RETURN THIS FORM TO:**

**Mail:** BlueStar, P.O. Box 2349, Ponte Vedra Beach, FL 32004

**Secure Upload:** Go to [www.MyPlanConnection.com](http://www.MyPlanConnection.com) on your PC, tablet or phone. Click "Participant" and then "Need Help? Find Answers Here" and then "New Ticket" from the menu bar. Enter your information and attach your file as needed.