

Plan Name: _____ Case: _____

BENEFICIARY DESIGNATION / CHANGE FORM

SOCIAL SECURITY NUMBER:

Please indicate if this is Designating a Beneficiary Beneficiary Change

**SECTION I
GENERAL INFORMATION**

1. Your full name: _____
LAST FIRST INITIAL
2. Current address: _____
NUMBER STREET APT/BOX #
CITY STATE ZIP CODE

Check if this is a name change.
What was your former name? _____

**SECTION II
DESIGNATING OR CHANGING YOUR BENEFICIARY**

PLEASE PRINT

Primary Beneficiary Name(s) / Percentage

Relationship to Participant / Social Security Number

Contingent Beneficiary Name(s) / Percentage

Relationship to Participant / Social Security Number

(A Contingent Beneficiary will receive a death benefit only if **no** primary beneficiary is living at the death of a Participant.)

**SECTION III
SPOUSAL CONSENT**

I, (spouse's name) _____ consent to the beneficiary designation as indicated above. I understand that this designation causes the benefits to be paid to the person(s) named above and not paid to me. I understand that this designation is not valid unless I consent to it in writing. I also understand that this decision is irrevocable unless my spouse (the participant), and I agree in writing to any subsequent designation(s).

Signature of Spouse: _____ Date: _____

Witnessed by: _____ Date: _____
Plan Representative or Notary Public

I certify that I am not married. (Do not check if you are married).

Participant's Signature _____ Date _____ Social Security # _____

**SECTION IV
PARTICIPANT AUTHORIZATION**

This beneficiary designation applies to all funding options unless otherwise noted above.

I, _____, as a Participant in the Plan do hereby revoke any previous beneficiary information, and specify the above named person(s) as beneficiary(ies).

Signature of Participant

Date Signed

*Witnessed by _____
Plan Representative or Notary Public

Date Signed

*Nationwide does not promote the witnessing of a signature nor is it required by law but the absence of a witnessed signature may result in court scrutiny.