

Plan Name: \_\_\_\_\_ Case: \_\_\_\_\_

**BENEFICIARY DESIGNATION / CHANGE FORM**

SOCIAL SECURITY NUMBER: 

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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.