

BENEFICIARY DESIGNATION

As a participant in the _____ Retirement Plan I, _____, hereby acknowledge that the Plan Administrator has informed me that, should I die before retirement, my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death.

Check Applicable Provision

- If my spouse does not survive me I direct that my benefit be paid in equal shares to such of my children as shall be living at my death, except that the then living descendants of a deceased child of mine shall take per stirpes the share which the child would have received if living. I intend that this provision provide for all my children including any hereafter born or adopted.
- As of the date of this signature, I hereby certify that I am not currently married, and designate the following person(s) as my beneficiary in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan, and the above paragraph shall become effective. I may, at that time and with the consent of my spouse, execute a waiver of my spouse as my designated beneficiary and name a new beneficiary in place thereof.
- With the consent of my spouse, _____, I have appointed the following Primary Beneficiaries:

Primary Beneficiaries:

1. Name: _____ SSN: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____%.
2. Name: _____ SSN: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____%.
3. Name: _____ SSN: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____%.

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- I have designated more than one Primary Beneficiary, and if at least one, but fewer than all, of those Primary Beneficiaries survive me, I direct that the death benefit be divided among my surviving Primary Beneficiaries in the ration established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.

If my spouse, children or Primary Beneficiaries all fail to survive me then I name the following Contingent Beneficiaries:

Contingent Beneficiaries:

1. Name: _____ SSN: _____
Address: _____ City: _____
State: _____ Zip: _____
Percentage of total benefit to be paid to the above person _____%.

2. Name: _____ SSN: _____
Address: _____ City: _____
State: _____ Zip: _____
Percentage of total benefit to be paid to the above person _____%.

3. Name: _____ SSN: _____
Address: _____ City: _____
State: _____ Zip: _____
Percentage of total benefit to be paid to the above person _____%.

EXECUTED this _____ day of _____, _____.

Participant's Signature

Social Security Number

Witness

Signature of Spouse

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