



P.O. Box 1811, Plainville, MA 02762

## Retirement Savings Plan

*Please fill this page out with your information on top and beneficiary designation information on the bottom.*

Participant's Name (your name)	
Address	
City, State, Zip	
Social Security No.	
Date of Birth	

### BENEFICIARY DESIGNATION

As a Participant in the above Plan, I hereby revoke any prior beneficiary designation and direct that any benefits payable upon my death be paid to the following beneficiary/beneficiaries. The total share for the Primary Beneficiaries must equal 100% and the total share for the Secondary Beneficiaries, if any, must equal 100%

#### PRIMARY BENEFICIARY(IES)

Name and Social Security Number	Share	Relation	Address

If none of the Primary Beneficiaries designated above survive me, payment shall be made to the following Secondary Beneficiary(ies).

#### SECONDARY BENEFICIARY(IES)

Name and Social Security Number	Share	Relation	Address

Unless otherwise specified above, if none of the beneficiaries designated above survive me, payment shall be made pursuant to the applicable provisions of the Plan.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
City, State

\_\_\_\_\_  
 Signature of Participant

\_\_\_\_\_  
 Name of Participant (print or type)