



## Secondary Beneficiary #2

Name/Trust		Relationship		Social Security number	
Address		City	State	ZIP	Date of birth
Designated Percentage	<input type="text"/> <input type="text"/> <input type="text"/> %				

### 3 Consent of Spouse *(Complete only if you are married and you have designated someone other than your spouse as a Primary Beneficiary)*

I, the spouse of \_\_\_\_\_, certify that I have read this Designation of Beneficiaries. I hereby consent to the beneficiary designations made by my spouse above. I understand that I am entitled to be my spouse's sole Primary Beneficiary (entitled to 100% of any benefit under the plan payable upon my spouse's death). I understand that by signing this consent I am waiving the right to be my spouse's sole Primary Beneficiary. I am giving this consent voluntarily and acknowledge that this consent is irrevocable unless my spouse makes a new beneficiary designation.

\_\_\_\_\_ X \_\_\_\_\_  
Spouse's name (please print) Spouse's signature Date

### Acknowledgment *(Spouse's signature must be acknowledged by a notary public.)*

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ there appeared before me in person, the person whose signature appears above, the spouse of the participant, to me personally known to be the person who executed the foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

X \_\_\_\_\_ (Seal) \_\_\_\_\_  
Signature of notary public Commission expiration date

### 4 Rules Regarding Plan Beneficiaries

- A. Married Participants. If you are married at the time of your death, your surviving spouse will be your sole Primary Beneficiary (regardless of any prior beneficiary designation) unless you have obtained your spouse's written, notarized consent to your designation of someone else as your Primary Beneficiary on the plan's beneficiary form.
- B. Primary Beneficiaries. If a Primary Beneficiary is not alive at the time of your death, that beneficiary's share will be divided proportionately among the surviving Primary Beneficiary(ies), if any. If no Primary Beneficiary is alive at the time of your death, any death benefit under the plan will be distributed to the surviving Secondary Beneficiary(ies), if any.
- C. Secondary Beneficiaries. Payment of any death benefit will be made to your Secondary Beneficiary(ies) only if no Primary Beneficiary is alive at the time of your death. If a Secondary Beneficiary is not alive at the time of your death, that beneficiary's share will be divided proportionately among the surviving Secondary Beneficiaries, if any. If no designated beneficiary is alive at the time of your death, any death benefit under the plan will be distributed in accordance with the terms of the plan.

### 5 Your Signature

I hereby revoke every previous designation of beneficiary for this plan. I understand that I may change my beneficiary at any time by making a new beneficiary designation, and that the change is effective when received and accepted by the plan administrator.

X \_\_\_\_\_  
Signature Date

Please return this completed form to Empower Retirement

P.O. Box 419784, Kansas City, MO 64141-6784.

You should keep a copy for your records