



3801 Hulen Street, Suite 101
 Fort Worth, Texas 76107
 Phone: 817.632.8900

Beneficiary Election Defined Benefit Plan

Active or Separated Vested

This designates the beneficiary for a refund of contributions; any applicable Death Benefit or Joint / Survivor annuity benefit if eligible. See Summary Plan Description for benefit eligibility.

Section I. Personal Data

Employee's Name (Last, First, M.I.)		Social Security Number	Page ___ of ___ <small>(Use only if additional forms are attached)</small>
Mailing Address		Employee ID	
City, State, Zip + 4		Date of Birth	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Date of Marriage (if applicable)		Primary Phone Number

Section II. Beneficiary Designation

Primary Beneficiary			
** Your spouse must be listed as the ONLY primary beneficiary at 100%. If you are married, and your spouse is waiving their right as your beneficiary, you MUST contact your member specialist to complete an additional form Spousal Consent to Waive Beneficiary Rights.			
PRIMARY (Spouse, if married)**	Last Name, First, M.I.	Percentage	Relationship
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
Beneficiary(ies) **The percentage for Primary Beneficiary(ies) must equal 100%. The percentage for Contingent Beneficiary(ies) must equal 100%.			
<input type="checkbox"/> Primary	Last Name, First, M.I.	Percentage	Relationship
<input type="checkbox"/> Contingent			
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
<input type="checkbox"/> Primary	Last Name, First, M.I.	Percentage	Relationship
<input type="checkbox"/> Contingent			
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
<input type="checkbox"/> Primary	Last Name, First, M.I.	Percentage	Relationship
<input type="checkbox"/> Contingent			
Mailing Address			Social Security Number
City, State, Zip + 4		Phone #	Date of Birth
<p>I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law.</p>			
_____ Signature of Employee		_____ Date	_____ Signature of Witness (not beneficiary)
		_____ Date	

If you have additional Primary or Contingent beneficiaries, please complete a second form and label it page 2 at the top.