

**BENEFICIARY DESIGNATION FORM**

**1. Participant Information**

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
 (First) (MI) (Last)

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Marital Status:  Married  Divorced  Single  Widowed Daytime Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**2. Applicable Plans**

This beneficiary designation applies to the retirement plans and/or benefits maintained by PCA Retirement and Benefits, Inc. listed below in which I am a participant. (Please check one.)

- All retirement and/or benefits plans
- Only \_\_\_\_\_ plan/account
- Only the following benefit payments(s) I am receiving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I designate the following persons as my beneficiaries to receive benefits payable, under separate accounts, from the plans listed above in the event of my death except for such benefits, if any, which are payable according to the terms of the applicable plan rather than under this beneficiary designation. The benefit will be paid to my primary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary beneficiary is living at my death, the benefit will be paid, under separate accounts, to my secondary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiary survives me, payment will be made according to the terms of the plans. For the plans listed above, all prior beneficiary designations, if any, are revoked.

**3. Primary Beneficiaries**

For each primary beneficiary, complete the information below (for more than three, please attach another signed and dated sheet listing additional primary beneficiaries). The percent designated must total 100%. Corrections to a beneficiary's name will void the designation.

	Name(s)	Relationship	Birth date	Social Security number	% Designation
1.					
2.					
3.					

(Total must equal 100%)

**4. Secondary Beneficiaries**

Applicable only if there are no primary beneficiary(ies) living at participant's death or if primary beneficiaries disclaim the benefit.. For each secondary beneficiary, please complete the information below (for more than three, please attach another signed and dated sheet listing additional secondary beneficiaries). The percent designated must total 100%. Corrections to a beneficiary's name will void the designation.

	Name(s)	Relationship	Birth date	Social Security number	% Designation
1.					
2.					
3.					

(Total must equal 100%)

**BENEFICIARY DESIGNATION FORM (continued)**

**5. Spousal Consent \*\***

I, the spouse of the participant, consent to the beneficiary designation made in Section 3 and Section 4 of the previous page by the participant. I understand the beneficiary designation causes benefits payable from the plan(s) upon the death of the participant to be paid to the named beneficiary rather than to me or in addition to me, that such beneficiary designation may be invalid without my consent, and that I may not revoke this consent unless my spouse revokes the beneficiary designations.

Spouse's Signature: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

Notary Public: \_\_\_\_\_ State \_\_\_\_\_ My commission expires \_\_\_/\_\_\_/\_\_\_

**6. Participant's Signature**

Participant's Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Mail to:**  
PCA Retirement & Benefits, Inc.  
1700 North Brown Road, Suite 106  
Lawrenceville, GA 30043

\*\* Spousal consent is required only for Retirement Plan beneficiary(ies).  
Spousal consent is not required for insurance product beneficiary changes.