

NCSRCC Supplemental Pension Plan Beneficiary Designation

PARTICIPANT: _____ **SOCIAL SECURITY NO:** _____

SECTION 1 — BENEFICIARY DESIGNATION

I hereby direct that my interest in the above-named plan and trust be paid, upon and after my death, to the PRIMARY BENEFICIARY(IES) in the following proportion(s):

NAME	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH	SHARE
				%
				%
				%

(If additional spaces are needed, use Section 5)

IF I AM MARRIED and I do not designate my spouse as primary beneficiary of 100% of my account, Section 3, Spousal Consent, must be completed and properly witnessed in Section 4, Witness of Spousal Consent.

IF I AM UNMARRIED, I have certified in Section 2, that I do not have a spouse.

In the event that none of the above primary beneficiary(ies) survive me or all die before all of my interest in the plan is distributed, the remainder shall be distributed to the following SECONDARY BENEFICIARY(IES):

NAME	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH	SHARE
				%
				%
				%

(If additional spaces are needed, use Section 6)

In the event that none of the above beneficiary(ies) survive me or all die before all of my interest in the plan is distributed, the remainder shall be distributed in the manner provided for in the plan. I reserve the right to change this beneficiary designation at any time by signing a new form and filing it with the Plan Administrator. Any and all previous designations of beneficiary are hereby revoked.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

SECTION 2 — CERTIFICATION IF NO SPOUSE

I hereby certify that I am not now married and that there are no plan benefits payable to a former spouse under a qualified domestic relations order.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

Please complete this form and mail to the Benefit Office.

(Over→)

SECTION 3 — SPOUSAL CONSENT

I hereby approve of and consent to the Beneficiary Designation adopted by my spouse as provided in Section 1 of this Beneficiary Designation form. I understand that I am entitled to receive a spouse’s benefit under the plan unless I consent to a different beneficiary designation as provided herein.

SIGNATURE OF SPOUSE: _____ DATE: _____

SECTION 4 — WITNESS OF SPOUSAL CONSENT

NOTARY Subscribed and sworn before me this _____ day of _____, 20 _____

PUBLIC: Notary Public: _____

State Of: _____

My Commission Expires: _____

OR

PLAN REPRESENTATIVE: _____

(Authorized Company Representative)

Date Witnessed: _____

SECTION 5 — ADDITIONAL PRIMARY BENEFICIARIES

NAME	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH	SHARE
				%
				%
				%

SECTION 6 — ADDITIONAL SECONDARY BENEFICIARIES

NAME	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH	SHARE
				%
				%
				%