



**Nationwide®**

## Beneficiary Designation Form

Private Sector Operations

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This form is used to designate the payment of your account balance upon your death. If you are naming a Trust as beneficiary, you must submit the first and last pages of the Trust Document with this form.

### 1. Case Information

Case Number: \_\_\_\_\_ Case Name: \_\_\_\_\_

### 2. Participant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### 3. Primary Beneficiary Information

**Allocations must total 100% and must be in whole numbers. Decimal and fraction percentages are not permitted.**

If you are married, your spouse must be the sole primary beneficiary unless your spouse consents below.

1. Individual/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Allocation: \_\_\_\_\_ %

2. Individual/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Allocation: \_\_\_\_\_ %

### 4. Contingent Beneficiary Information

**Allocations must total 100% and must be in whole numbers. Decimal and fraction percentages are not permitted.**

In the event that your primary beneficiaries predecease you, or is otherwise revoked by law or the plan document, your vested account balance will be divided among your contingent beneficiaries in the percentages specified below.

1. Individual/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Allocation: \_\_\_\_\_ %

2. Individual/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Relationship: \_\_\_\_\_ Allocation: \_\_\_\_\_ %

**5. Participant Authorization and Marriage Status Certification**

I certify that I am:  Married  Not Married  Legally Separated

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

**6. Spousal Consent - required if you're married and designate less than 100% to your spouse**

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name (please print): \_\_\_\_\_

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

**7. Spousal Consent Witness**

**Witnessed by Plan Representative or Notary Public:**

State of \_\_\_\_\_, in the county of \_\_\_\_\_, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on \_\_\_\_\_ (mm/dd/yyyy).

**Plan Representative or Notary Public Information:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary commission expires: \_\_\_\_\_

NOTARY SEAL/STAMP

**Return form to: YOUR HUMAN RESOURCES REPRESENTATIVE**