Plan B

Case Western Reserve University
Staff Retirement Beneficiary Designation Form

Use this form prior to retirement to designate or change a beneficiary. The beneficiary will receive your death benefit if you die before retirement or before receiving Plan benefits.

Name _____   Employee ID / SSN _____

Mailing Address _____   Date of Birth _____ / _____ / _____

Date of Hire _____ / _____ / _____

Primary Beneficiary Designation

I designate the beneficiary(ies) named below to receive death benefits payable under Case Western Reserve University Retirement Plan B in case of my death. **I understand if I am married and do not name my spouse as sole beneficiary, my spouse must agree to my designation by signing the spousal consent below in the presence of a notary public.** If you would like to elect additional primary beneficiaries, please attach a separate sheet.

Name	Relationship	Date of Birth	National ID (SSN)	%
		/ /		
		/ /		

Make sure the percentage allotted to all primary beneficiaries totals 100%	100%

Contingent Beneficiary Designation (optional)

Please designate a contingent beneficiary to receive death benefits if you are not survived by the beneficiary(ies) named above. If you fail to designate a beneficiary, or the contingent beneficiary predeceases you, the death benefits will become part of your estate. If you would like to elect additional contingent beneficiaries, please attach a separate sheet.

Name	Relationship	Date of Birth	National ID (SSN)	%
		/ /		
		/ /		

Make sure the percentage allotted to all contingent beneficiaries totals 100%	100%

Spousal Consent (complete if spouse is not sole primary beneficiary)

I, spouse of _____, consent to the beneficiary names above to receive the value of my spouse's Plan account in case of my spouse's death. I understand that by giving this consent, I am relinquishing a right to a benefit to which I am entitled by law. I understand that I have a right not to give my consent. I understand that my consent is irrevocable unless my spouse revokes the beneficiary designation(s) made above. Finally, I acknowledge that all amounts payable under the plan by reason of my spouse's death will be payable pursuant to the beneficiary designation(s) made above.

Signature of Spouse _____   Date _____ / _____ / 20____

On this _____ day of _____, 20_____, before me personally came _____, to me known to be the person whose name is subscribed to the Spousal Consent and executed the same for the purpose therein contained.

STATE OF

_____
NOTARY PUBLIC

COUNTY OF

Authorization

I declare that the information I have provided here is to the best of my knowledge correct and complete. I understand that the election made by me on this form will continue in effect until changed by me in writing or unless required by the Plan provisions. This beneficiary designation supersedes all prior beneficiary designations.

Signature _____   Date _____ / _____ / 20____

For Employer Use Only

Participation Date: _____ / _____ / 20____   ☐ New participant   ☐ Beneficiary Change

Benefits Specialist: _____   Date Processed _____ / _____ / 20____

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