



# DESIGNATION OF BENEFICIARY FORM

PLAN NAME: Holland Enterprises, Inc.

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ PLAN NUMBER 206954

## CURRENT MARITAL STATUS

**I Am Not Married** I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.

**I Am Married** I understand that my spouse will be my primary beneficiary, and I have provided my spouse's information below. However, I understand I may designate a primary beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse".

SPOUSE'S NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## DESIGNATION OF BENEFICIARY(IES)

The following individual(s) shall be my beneficiary(ies). *Please check primary or contingent for each individual beneficiary.* **If neither is checked, the individual will be deemed to be a primary beneficiary.** If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan Balance.

**Primary**  **Contingent**   
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ % Relationship \_\_\_\_\_

**Primary**  **Contingent**   
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ % Relationship \_\_\_\_\_

**Primary**  **Contingent**   
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ % Relationship \_\_\_\_\_

**CONSENT OF SPOUSE** - If Non-Spouse Beneficiary(ies) named as Primary Beneficiary  
I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

**PARTICIPANT'S SPOUSE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*(Signature must be notarized. See below.)*

**WITNESS OF SPOUSE'S CONSENT** - The signature of the spouse must be witnessed by a Notary Public or Plan Representative.  
*Witness by Notary Public or Plan Representative applies to either or both elections.*

Subscribed and sworn to before me on: \_\_\_\_\_

Signature \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Please forward this completed form to your Plan Administrator. Please do not forward this form to Mutual of Omaha.