

**FORM 02: PARTICIPANT BENEFICIARY DESIGNATION**

Designate the individuals whom you wish to receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants. Please send the completed form to FCMM and keep a copy for your records.

**STEP 1: PERSONAL INFORMATION**

Participant's Full Legal Name: \_\_\_\_\_

Social Security Number (Last 4 digits): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status:     Single     Married     Divorced     Widowed

**STEP 2: PRIMARY BENEFICIARY DESIGNATION(S)**

Notwithstanding the above, **your current (and future) marital status has significant impact on your legal beneficiary under the terms of the Plan.** If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document.

A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant.

If you designate your estate as your Primary or Contingent Beneficiary, and you die prior to commencing benefits under the Plan, your entire Plan account will be paid to your estate within 5 years from the date of your death. You should consult your tax or estate planning advisor before designating your estate as your Primary or Contingent Beneficiary.

**Spouse as PRIMARY Beneficiary**

If you are married, your spouse must be the sole primary beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized.

To My Spouse \_\_\_\_\_, if living at the time of my death. **Designation:** \_\_\_\_\_ %\*

(Spouse's Full Legal Name)

Spouse's SSN: \_\_\_\_\_ Spouse's Birthdate: \_\_\_\_\_

**Other(s) as PRIMARY Beneficiary(s)** (Complete only if spouse is **not** sole Primary Beneficiary)

If you are married and your spouse is **not** the sole primary beneficiary with a 100% designation, he/she must approve Others as Primary Beneficiaries, sign the waiver on page 2, and have his/her signature notarized.

**Please choose Per Stirpes or Per Capita:**

- Per Stirpes:** Any deceased beneficiary's share shall pass to his/her children **OR**
- Per Capita:** Any deceased beneficiary's share shall be divided equally among my surviving Primary Beneficiaries.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_ %\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\* Total of all primary designations must equal 100%.**

# FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 2)

## STEP 3: CONTINGENT BENEFICIARY(S) (Required)

In the event the Primary Beneficiary does not survive you, your account balance will be divided among the Contingent Beneficiaries per your designations below. Total Designations must equal 100%.

Please choose **Per Stirpes** or **Per Capita**:

- Per Stirpes:** Any deceased beneficiary's share shall pass to his/her children **OR**  
 **Per Capita:** Any deceased beneficiary's share shall be divided equally among my surviving Contingent Beneficiaries.

I would like to indicate my **future lawful living children as my Contingent Beneficiary(s)** - Today's Date \_\_\_\_\_ Designation: \_\_\_\_\_%\*

I would like to indicate the individual(s) named below **as my Contingent Beneficiary(s)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_%\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_%\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_%\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Designation: \_\_\_\_\_%\*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\* Total of all contingent designations must equal 100%*

## STEP 4: SIGNATURE

- I certify that I am NOT married       I certify that I am married

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STEP 5: SPOUSAL CONSENT & NOTARIZATION

*(This step is only required if you are married and your spouse is not the sole Primary Beneficiary with a 100% designation.)*

I, \_\_\_\_\_, consent to the beneficiary designation made by my spouse. I understand with  
Printed Name of Participant's Spouse

this consent that I hereby waive the payment of any survivor death benefit available to me under this Plan unless a new designation is completed and delivered to FCMM.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name Notary Public: \_\_\_\_\_ Notary Public's Signature: \_\_\_\_\_

Notary Date & Seal: \_\_\_\_\_

**~Please keep a copy of this form for your records~**

Your beneficiary designation is subject to the terms of the Plan and is not effective until accepted and approved by FCMM.

### For FCMM Office Use Only

FCMM Depositor #: \_\_\_\_\_ Received Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Processed Date: \_\_\_\_\_