

## **Beneficiary Designation Form**

**INSTRUCTIONS**:

Each Primary & Contingent group should sum to 100%. If married, you **MUST** list your spouse as the sole Primary beneficiary. Complete Step 3 ONLY if you wish to name someone other than your spouse as your Primary beneficiary.

QUESTIONS: Ask your employer, or contact Perfect401(k) directly at: info@perfect401k.com or (877) 836-1993

Your Full Name:				
Employer Name:				
TEP 2: DESIGNATE PF	RIMARY & CON	TINGENT BENEFIC	IARY(IES)	
Primary Beneficiary #1:		%	Primary Beneficiary #2:	%
Name: Relationship:	CCNI		Name:	SSN:
Date of Birth:	Phone:		Relationship: Date of Birth:	Phone:
Address:			Address:	
City:	State:	Zip:	City:	State: Zip:
none of the above named Prince The Contingent beneficiary(ies)		rvive me, pay any interest	I may have under the account in equal	portions unless otherwise indicated, to
Contingent Beneficiary #1:		%	Contingent Beneficiary #2	: %
Name: Relationship:	SSN:		Name: Relationship:	SSN:
Date of Birth:	Phone:		Date of Birth:	Phone:
Address:			Address:	
City:	State:	Zip:	City:	State: Zip:
pdate my Designation of Benefi	=	=	_	
ummary Plan Description and a pdate my Designation of Benefi  Participant Signature:	iciary for death benefi	=	Date	
Participant Signature:  TEP 3: SPOUSE'S SIGION Required only if you are married you designate someone other to the second of the	NATURE & NOT and listing someone than your spouse as be	ts to be paid under the Plan  FARIZATION*  other than your spouse as the	Date	:
Participant Signature: TEP 3: SPOUSE'S SIGI	NATURE & NOT and listing someone than your spouse as be	ts to be paid under the Plan  FARIZATION*  other than your spouse as the	Date the sole primary beneficiary	:
Participant Signature:  TEP 3: SPOUSE'S SIGION Required only if you are married you designate someone other the signed by your spouse and no CONSENT OF SPOUSE:	NATURE & NOT dand listing someone than your spouse as betarized.	TARIZATION* other than your spouse as the eneficiary or designate some	Date the sole primary beneficiary	eneficiary, the following statement mus
Participant Signature:  TEP 3: SPOUSE'S SIGNED And The Properties of the Properties	NATURE & NOT d and listing someone than your spouse as be traized.	TARIZATION* other than your spouse as the eneficiary or designate some enation of beneficiary(ies) and of my waiver:	Date  the sole primary beneficiary  eone in addition to your spouse as joint b	eneficiary, the following statement mustoned by the following statement mustoned by the sole primary beneficity beneficial to the sole primary beneficial t
Participant Signature:  TEP 3: SPOUSE'S SIGNEQUIRED ONLY IN THE PROPERTY OF SPOUSE:  S spouse, I have read and consecutive understand and agree to the No benefit from the Plan(s)	NATURE & NOT dand listing someone than your spouse as betarized.	TARIZATION*  other than your spouse as the eneficiary or designate some enation of beneficiary(ies) and of my waiver:  upon my spouse's death if I	Date the sole primary beneficiary eone in addition to your spouse as joint be	eneficiary, the following statement mustoo be named as the sole primary beneficiary.
Participant Signature:  TEP 3: SPOUSE'S SIGN  Required only if you are married you designate someone other to exigned by your spouse and no onsent OF SPOUSE:  I spouse, I have read and consent of the understand and agree to No benefit from the Plan(s)	NATURE & NOT and listing someone than your spouse as betarized.  The following result of the following result of the payable to me the Plan(s) will be payable.	TARIZATION*  other than your spouse as the eneficiary or designate some enation of beneficiary(ies) and of my waiver:  upon my spouse's death if I	Date  the sole primary beneficiary  eone in addition to your spouse as joint be  d understand that I am waiving my right to  am not listed at all as a primary benefici  s death in accordance with any joint ben	eneficiary, the following statement mustoo be named as the sole primary beneficiary.
Participant Signature:  TEP 3: SPOUSE'S SIGNATURE:  Required only if you are married by your designate someone other to be signed by your spouse and no spouse.  Sepouse, I have read and consequirther understand and agree to the No benefit from the Plan(s).	NATURE & NOT dand listing someone than your spouse as betarized.  The to the above design to the following result of will be payable to me the Plan(s) will be payable (PRINTED):	TARIZATION* other than your spouse as the eneficiary or designate some of my waiver: upon my spouse's death if I able to me upon my spouse'	Date  the sole primary beneficiary  eone in addition to your spouse as joint be d understand that I am waiving my right to am not listed at all as a primary benefici is death in accordance with any joint ben  Signature:	eneficiary, the following statement must be named as the sole primary beneficiary.  eficiary designation indicated above.
Participant Signature:  TEP 3: SPOUSE'S SIGNER PROPERTY SIGNER	NATURE & NOT d and listing someone than your spouse as betarized.  The following result of the following result of the Plan(s) will be payable to me the Plan(s) will be payable (PRINTED):	TARIZATION* other than your spouse as the eneficiary or designate some anation of beneficiary(ies) and of my waiver: upon my spouse's death if I waited to me upon my spouse's	Date the sole primary beneficiary the sole primary beneficiary the sole primary beneficiary the dunderstand that I am waiving my right the am not listed at all as a primary beneficial sideath in accordance with any joint beneficial signature:  Signature:	eneficiary, the following statement mustoned be named as the sole primary beneficiary.  eficiary designation indicated above.  Date:  Date: